2013–2014 Verification Worksheet

Dependent Student- Tracking Group V4

Your 2013–2014 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Dependent Student's Information

Student's Last Name | Student's First Name | Student's M.I. | Student's SSN

Student's Street Address (include apt. no.) | Student's Date of Birth

City | State | Zip Code | Student's Email Address

Student's Home Phone Number (include area code) | Student's Alternate or Cell Phone Number

B. Parent's Other Information to Be Verified

1. Complete this section if someone in the student's parent's household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2011 or 2012 calendar years.

   ☐ One of the persons listed in Section B of this worksheet received SNAP benefits in 2011 or 2012. If asked by the student's school, I will provide documentation of the receipt of SNAP benefits during 2011 and/or 2012.

2. Complete this section if one of the student's parents paid child support in 2012.

   ☐ One (or both) of the student's parents listed in Section B of this worksheet paid child support in 2012. The parent has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2012for each child. If asked by the school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes the student's name and Social Security Number at the top.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2012
Joe Jones	*Jane Doe*	*Jake Jones*	*$6,000*

Student Name: _____ **Student SS Number:** _____

C. High School Completion Status

You must submit documentation of high school completion or GED equivalent along with this worksheet. **Check the box of the document you will attach to this worksheet:**

☐ High school diploma or copy of final, official high school transcript that indicates when the diploma was awarded

☐ Copy of General Education Development (GED) Certificate.

☐ Post-secondary transcript of a successfully completed two-year program acceptable for full credit toward a bachelor's degree

☐ If you are a homeschooled student, a transcript or equivalent, signed by parent or guardian, listing secondary school courses you have completed and documentation that you have successfully completed secondary school education.

☐ If you are a homeschooled student, a secondary school completion credential provided under State law.

D. Documentation of Identity/Statement of Educational Purpose

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date. ***If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a public notary***.

Statement of Educational Purpose

I certify that I_____ am the individual signing this Statement of Educational Purpose and that the federal (Print Student's Name)
student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending

_____for 2013-2014.
(Name of Postsecondary Educational Institution)

_____ _____
Student's Signature and Date Financial Aid Administrator Signature and Date

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Notary's Certificate of Knowledge

State of: _____ City/County of: _____ on: _____

Before me, _____ personally appeared, _____
(Notary's Name) (Printed name of signer)

And provided to me on a basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

To the above-named person who signed the foregoing instrument.
WITNESS my hand and official seal _____ _____
(Notary Signature) (Date Commission Expires)

(Seal)

Student Name: _____ **Student SS Number:** _____

E. Certification and Signatures

WARNING: If you purposely give false or misleading Information on this worksheet, you may be fined, be sentenced to jail, or both.

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **The student and one parent must sign and date.**

_____ _____
Student's Signature Date

_____ _____
Parent's Signature Date

This completed worksheet **(along with photocopies of any required documents)** must be ***mailed, or brought*** into the office as soon as possible to:

Bacone College Office of Financial Aid
2299 Old Bacone Road
Muskogee, OK 74403
TOLL FREE: 888.682.5514

This worksheet will not be accepted by fax as we are required to have the ORIGINAL Notary signature and seal.

You should make a copy of this worksheet for your records.