2019-2020 Verification Worksheet

Dependent Student- Tracking Group V4

Your 2019–2020 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.

-	Co. 1. Valant Name	C: January Florit Name	Charles Mala	Charles the CCN				
	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				
. 1	Parent's Other Information to E	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 2017 or 2018 calendar years.							
		Section B of this worksheet rece e receipt of SNAP benefits durin		n 2017 or 2018. If asked	I by the student's school, I will			
2.	Complete this section if one of the	e student's parents paid child su	pport in 2017.					
	One (or both) of the student's parents listed in Section B of this worksheet paid child support in 2017. The parent has indicated belonged 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 2017 for each child. If asked the school, I will provide documentation of the payment of child support. If you need more space, attach a separate page that include 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		d for Whom Support Vas Paid	Amount of Child Support Paid in 2017			
	Joe Jones	Jane Doe	Jake Jones		\$6,000			

Stu	dent Name:	Si	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 finindicates when the diploma was a		at			
	Copy of General Education Develo Certificate.	pment (GED)				
	Post-secondary transcript of a succ	cessfully completed two-year prog	gram acceptable for full credit toward a bachelor's degree			
		t, a transcript or equivalent, signed at you have successfully completed	d by parent or guardian, listing secondary school courses you have d secondary school education.			
	If you are a homeschooled studen	t, a secondary school completion c	credential provided under State law.			
D.	Documentation of Identity/Statement of Educational Purpose					
	government issued ID (such as a driver financial aid administrator. Your finan	r's license, military ID, passport, e ncial aid administrator will need nd by providing a signature and da	ear in person at your postsecondary institution and present you etc.) and this verification worksheet to an institutionally authorize to validate the statement below at the time of submission beate. If you cannot appear in person to submit this worksheet, you sheet notarized by a public notary.			
	I certify that I	am the individual signing t	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					
		f 2010 2010				
	(Name of Postsecondary Educational Instit	for 2018-2019. cution)				
	Student's Signature and Date Financial Aid Administrator Signature and Date					
	Notary's Certificate of Knowledge					
	State of:	City/County of:	on:			
	Roforo mo	parcapally	annoared			
	(Notary's Name	personally a	appeared,(Printed name of signer)			
	And provided to me on a basis of satisfact	ory evidence of identification	ype of government-issued photo ID provided)			
	To the above-named person who signed the	he foregoing instrument.	·· · · · · · · · · · · · · · · · · · ·			
,	WITNESS my hand and official seal	(Notary Signature)	(Date Commission Expires)			
	(Seal)					

Stu	dent Name:	Student SS Number:		
E.	Certification and Signatures			
L.	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 informati must sign and date.	n reported on it is complete and correct. The student and one	parent	
	Student's Signature	Date		
	Parent's Signature	Date		

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

Bacone College Office of Financial Aid 2299 Old Bacone Road Muskogee, OK 74403 918-781-7474

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.