

2018-2019 Verification Worksheet Dependent Student - Tracking Group V4

Your 2018-2019 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.

Student's Last Name		Student's First Name	<u> </u>	MI	Student's SSN or ID Number	
Stu	udent's Street Address (include	apt. no.)			Student's Date of Birth	
		<u> </u>				
City State		State	Zip		Student's Email Address	
Stu	udent's Phone Number		Student's	Alter	nate or Cell Phone Number	
В.	High School Completion Sta	tus				
Prov 2019		nents to indicate the student's high	n school comp	letion	status when the student begins college in 2018-	
	-					
Che	ck the box of the document y	ou will attach to this workshee	t:			
	A copy of the student's high	school diploma.				
	A copy of the student's final official high school transcript that shows the date when the diploma was awarded.					
	A state certificate or transcript received by a student after the student passed a State-authorized examination that the State recognizes as the equivalent of a high school diploma (GED test, HiSET, TASC, or other State-authorized examination).					
	For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.					
	An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.					
	For a student who was homeschooled in a State where State law requires the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized equivalent), a copy of that credential.					
	For a student who was homeschooled in a State where State law does not require the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized equivalent), a transcript, or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.					
		the documentation listed above py of a Form DD 214 as proof of			nancial aid office. In some cases, your school's tion.	
C. I	dentity and Statement of Edu	ucational Purpose				
Sec	tion C is <u>ONLY</u> to be comple	ted in person at the Institution	or in front of	a Not	ary.	
		Identity and Statement (Signed in person				
The	student must appear in persor	ı at				
		(Nan	ne of Postseco	ondar	y Education Institution)	
to ve	arify his or har identity by proc	enting an unevnired valid govern	mant-iceuad	nhoto	identification (ID) such as but not limited to a	

to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed and the name of the official at the institution authorized to receive and review the student's ID.

Student Name:	Stu	udent ID Number:
In addition, the student must sign, in the pre	sence of the institutional o	official, the below Statement of Education Purpose.
(Signed in the presence	• •	to sign in person at the institution)
If the student is unable to appear in person at _	(Name of Do	octocondary Education Institution)
(a) A copy of the unexpired valid governm or that is presented to a notary, such a (b) The original Statement of Educational	ivide to the institution: nent-issued photo identificat is, but not limited to, a driver Purpose provided below, wh	tion (ID) that is acknowledged in the notary statement below, it's license, other state-issued ID, or passport; and hich must be notarized. If the notary statement appears on a must be a clear indication that the Statement of Educational
In addition, the student must sign, in the pre	sence of a notary, the belo	ow Statement of Education Purpose.
The following Statement of Educational Purp notary.	oose is to be completed <u>or</u>	nly in the presence of designated school official or
	Statement of Education	nal Purpose
I certify that I (Print Student's I	Name) am th	he individual signing this Statement of Educational Purpose
and that the Federal student financial assist attending	tance I may receive will only	be used for educational purposes and to pay the cost of
(Name	of Postsecondary Education	nal Institution) for 2018-2019.
(Student's Signature)	(Date)	(Student's ID Number)
(Financial Aid Administrator's	s Signature)	Date
	Notary's Certificate of	Knowledge
State of	City/County of	On
before me,	personally appeared,_	
(Notary's Name	e)	(Printed name of signer)
, and proved to me on basis of satisfactory evid		pe of government-issued photo ID provided)
To be the above-named person who signed the		be of government-issued photo iD provided)
WITNESS my hand and official seal	(1)	(5.1.0
	(Notary Signature)) (Date Commission Expires)
(Seal)		
Return this original form	with your proof of Identity	y to your school's financial aid office.
D. Certification and Signatures	man your proof of ruestacy	to your concor o maneral are office.
G		reported on it is complete and correct. WARNING: If you
The student and one parent must sign and d		, 22
Student's Signature		Date
Stadent's Signature		Dale

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school.

Return by mail or fax to: Jarvis Christian College, Office of Financial Aid, P.O. Box 1470, Hawkins, Texas 75767

Fax # 844-429-5287 Telephone # 903-730-4890

Date

Parent's Signature