## Southwestern Christian College 2018-2019 Institutional VerificationWorksheet (V4)

**IMPORTANT:** Your Free Application for Federal Student Aid (FAFSA) was selected for a process called verification by the federal government or Southwestern Christian College. The verification process will be conducted by Southwestern Christian College in accordance with U.S. Department of Education's rules 34 CFR, Part 668. Complete all questions on this form and include any documentation required and follow the instructions located in Section D for submission. We will compare your answers to the FAFSA and make any corrections necessary.

By law we have the right to ask for this information before awarding Federal Financial aid.

No further processing will be done until all documentation is provided.

Student Last Name	First Name	Middle	Social Security Number	
Email address	Phone number			
A: CHILD SUPPORT PAID				
Please confirm the following for an independent questions – not		usehold. (Please respond to either the	he dependent questions or the	
• • •	paid child support during the 2	e supported by and living in your p 2017 calendar year (Complete the during the 2017 calendar year.		
• •	se or I paid child support durir	ouse and any children they supporting the 2017 calendar year (Complete poort during the 2017 calendar year)	ete the chart below).	
Child Support <u>Paid</u> By:	Child Support Paid To:	Child/Children	Amount of Child Support <u>Paid</u> in 2017	
			\$	
			\$	
			\$ \$	
			Φ	
B. FOOD STAMPS—SUPPLEME		. ,	he dependent questions or the	
independent questions – not		•		
(Dependents should include inform	ation about their parents as we	ell as anyone living in their parent's	s household.)	
	received benefits from the Sup as food stamps) any time durin	oplemental Nutrition Assistance Progression of the 2017 calendar year.	rogram or	
□ <i>DEPENDENTS</i> : My parents	<b>DID NOT</b> received SNAP be	enefits during the 2017 calendar ye	ear.	
(Independent student should include	de information about their spo	ouse as well as any children they so	upport.)	
☐ <i>INDEPENDENTS</i> : My spous	•	the Supplemental Nutrition Assist	• •	
•	- · · · ·	JAP benefits during the 2017 caler	ıdar year.	

\*\*If anyone in your household did receive SNAP Benefits (food stamps), please supply documentation from the agency that issues SNAP benefits.

## C. HIGH SCHOOL COMPLETION STATUS - STUDENT

Please select whichever item	describes you:			
☐ I DID receive a GED.	n school and have a high school dip ome school program. h school diploma or its equivalent			
**If you graduated from his support of your statement.	gh school, home school program	or received a GED, please subm	it official documentation in	
D. IDENTITY/STATEMENT Notary Public)	OF EDUCATIONAL PURPOSE	(To be completed in front of a F	inancial Aid Representative or	
contained on this worksheet is tru federal student aid, you may be su	sign the Statement of Educational Pure e and correct. <b>WARNING!</b> If you pubject to a \$20,000 fine, a prison senter s application for financial aid is complete.	urposely give false or misleading informace, or both. By signing this statement	rmation to help establish eligibility for	
STATEMENT OF EDUCAT	IONAL PURPOSE			
	am the individual signing this Statement of the federal student financial assistance I may receive will only be used for educational purposes and to western Christian College for 2018-2019.			
•	ndicate you have read and understa deral student loan or have made sa on a federal student grant or have a Christian College if I default on a I Pell Grant from more than one co	,	t, repay it,	
SIGNATURE(S)				
By signing this worksheet, I (we) comust sign if you are a dependent stu	rtify that all the information reported to dent.	qualify for federal student aid is comp	lete and correct. At least one parent	
Student	Date	Parent (or Spouse)	Date	
College Office of Financial Aid ald	nting this document at Southwestern C	to identification (i.e. driver's license,	erson in the Southwestern Christian state issued photo identification, military copy of the photo identification with the	
NOTARY'S CERTIFICATE OF A	CKNOWLEDGEMENT (for those un	able to appear in person)		
State of	, City/County of _			
On this date of	, before me (notar	y's name),	,	
My commission expires on (dat	e)	·		
OR				
Personally appeared (name of p	erson signing this form)		, and	
provided to me on basis of satis	factory evidence of identification (	type of government-issued photo	ID provided)	
	to be the above nan	ned person who signed the foregoi	ng instrument.	
WITNESS my hand and officia	seal (signature)			

Notary publics can typically be found at banking institutions and county government offices such as your local County Clerk.

Do not mail this worksheet to the Department of Education.