

SECTION B: TAX FILER INFORMATION

FOR THE STUDENT

Tax returns include the Federal 2016 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return.

- Check here if you will **not** file and are **not** required to file a 2016 U.S. Income Tax Return. . **Please send in a copy of all 2016 W-2 forms.**
- If you do not have copies of W-2 forms available, list amount earned here_____. Where did you earn this income (list company/organization)_____.
- Check here if you have filed, and had your tax documents imported from the IRS website directly.
- Student filed an extension and will provide the financial aid office the IRS Form 4868 and all W-2 Forms from 2016.
- Student provided the financial aid office with an IRS Tax Return Transcript.

FOR THE PARENT/SPOUSE

Tax returns include the Federal 2016 IRS Form 1040, 1040A, 1040EZ, a tax return from Puerto Rico or a foreign income tax return.

- Check here if you will **not** file and are **not** required to file a 2016 U.S. Income Tax Return. . **Please send in a copy of all 2016 W-2 forms.**
- If you do not have copies of W-2 forms available, list amount earned here_____. Where did you earn this income (list company/organization)_____.
- Parent/Spouse was required to file a 2016 income tax return and had your tax documents imported from the IRS website directly to the FAFSA.
- Parent/Spouse filed an extension with the IRS and will provide the financial aid office, IRS Form 4868 and all W-2 Forms.
- Parent/Spouse provided IRS tax return transcript with verification worksheet.

SECTION C: FOOD STAMPS—SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Please confirm the following for anyone who is living in your household. (Please respond to either the dependent questions or the independent questions – not both)

- DEPENDENTS:* My parents received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2017 calendar year.
- DEPENDENTS:* My parents **DID NOT** receive SNAP benefits during the 2017 calendar year.
- INDEPENDENTS:* My spouse or I received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2017 calendar year.
- INDEPENDENTS:* My spouse or I **DID NOT** receive SNAP benefits during the 2017 calendar year.

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

SECTION D: CHILD SUPPORT PAID

Please confirm the following for anyone who is living in your household. (Please respond to either the dependent questions or the independent questions – not both)

(Dependents should include information about parents and anyone supported by and living in your parent’s household.)

- DEPENDENTS:* My parents paid child support during the 2017 calendar year (Complete the chart below).
- DEPENDENTS:* My parents **DID NOT** pay child support during the 2017 calendar year (Skip to Section E).

(Independents should include information about their spouse and any children they support.)

- INDEPENDENTS:* My spouse or I paid child support during the 2017 calendar year (Complete the chart below).
- INDEPENDENTS:* My spouse or I **DID NOT** pay child support during the 2017 calendar year (Skip to Section E).

Name of Person Who <u>Paid</u> Child Support	Name of Person to Whom Child Support was <u>Paid</u>	Name of Child for Whom Child Support was <u>Paid</u>	Amount of Child Support <u>Paid</u> in 2017
			\$
			\$
			\$

SECTION E: HIGH SCHOOL COMPLETION STATUS - STUDENT

Please select whichever item describes you:

- I **DID** graduate from high school and have a high school diploma.
- I **DID** receive a GED.
- I **DID** graduate from a home school program.
- I **DID NOT** receive a high school diploma or its equivalent from any of the above sources.

****If you graduated from high school, home school program or received a GED, please submit official documentation in support of your statement.**

SECTION F: IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE
(To be completed in front of a Financial Aid Representative or Notary Public)

IMPORTANT: Please read and sign the Statement of Educational Purpose below indicating that the statement and all other information contained on this worksheet is true and correct. **WARNING!** If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to a \$20,000 fine, a prison sentence, or both. By signing this statement, you certify that all the information reported in support of the student's application for financial aid is complete and accurate.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I (print your name) _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Southwestern Christian College for 2018-2019.

I also certify that I: (check to indicate you have read and understand each statement):

- Am not in default on a federal student loan or have made satisfactory arrangements to repay it,
- Do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- Will notify Southwestern Christian College if I default on a federal student loan AND
- Will not receive a Federal Pell Grant from more than one college for the same period of time.

SIGNATURE(S)

By signing this worksheet, I (we) certify that all the information reported to qualify for federal student aid is complete and correct. At least one parent must sign if you are a dependent student.

Student _____	Date _____	Parent (or Spouse) _____	Date _____
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***DIRECTIONS FOR SUBMISSION OF THIS FORM (Please read carefully): Present this form in person in the Southwestern Christian College Office of Financial Aid along with valid, government-issued photo identification (i.e. driver's license, state issued photo identification, military identification, or passport). If presenting this document at Southwestern Christian College, we will maintain a copy of the photo identification with the date received and name of official authorized to collect the student ID.**

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT (for those unable to appear in person)

State of _____, City/County of _____

On this date of _____, before me (notary's name), _____.

WITNESS my hand and official seal (signature) _____

My commission expires on (date) _____.

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

OR

Personally appeared: _____, (name of person signing this form)

And provided to me on basis of satisfactory evidence of identification (type of government-issued photo ID provided) _____ to be the above named person who signed the foregoing instrument.

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

Do not mail this worksheet to the Department of Education.
Please Return to: Southwestern Christian College
Attn: Financial Aid OFFICE
P.O. Box 10 Terrell, Texas 75160
Phone: (972) 524-3341 Ext. 124 Fax (972) 563-7133