**2015-2016 VERIFICATION WORKSHEET V4**

**Federal Student Aid Programs**

**Point University - Office of Financial Aid**

**507 West 10th Street – West Point, GA 31833**

**Email:** **student.assistance@point.edu****; Phone: 706-385-1018; FAX: 706-645-9475**

|  |  |
| --- | --- |
| Your application was selected by the U.S. Dept. of Education for review in a process called “verification”. In this process we are required by federal law (34 CFR, Part 668) to compare the information from your FAFSA application with the information provided on this form and with your 2014 federal tax return transcript (and your spouse’s if you are married, or parents’ if you are considered dependent for federal aid purposes). If there are differences between your application information and your financial documents, your school may need to make corrections electronically.**\*\* We cannot process your financial aid until verification has been completed. Please provide the required documents as soon as possible.**  | **What you should do**:1. Complete and sign this worksheet (for dependent students, one parent must also sign) and submit to our office.2. Complete the Identity and Statement of Educational Purpose Form (in our office or to be notarized).3. Complete any other documents requested in your email to our office. |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Full Name Social Security Number Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Email Student’s Phone Number \*Parent Email \*Parent Phone Number

 (For dependent student only) (For dependent student only)

**ITEM 1: Read. Check one box and follow the instructions to complete Item 2**

**You are considered Dependent if you were required to provide parent information on your FAFSA**

|  |  |
| --- | --- |
| 🞎 **Dependent Students**: List the people in your parent(s)’ household for which your parent(s) will provide more than half of their support from July 1, 2015 to June 30, 2016. Also, please list the college name for any household member (excluding parents) who will be attending at least half time from July 1, 2015 to June 30, 2016.Include:* Yourself (**regardless of where you reside**).
* Your parent(s), include stepparent, if remarried.
* Your parent(s)’ other children if your parent(s) will provide more than half of their support from July 1, 2015 to June 30, 2016 or if the child would be required to give parental information when completing the 2015-2016 FAFSA.
* **Include other people as part of your household only if:**  they now live with your parent(s) **AND** your parent(s) provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2016.
 | 🞎 **Independent Students**: List the people in your household for which you or your spouse will provide more than half of their support from July 1, 2015 to June 30, 2016. Also, please list the college name for any household member who will be attending at least half time between July 1, 2015 and June 30, 2016.Include:* Yourself.
* Your spouse, if married.
* Your children if you or your spouse will provide more than half of their support from July 1, 2015 to June 30, 2016 or if the child would be required to give parental information when completing the 2015-2016 FAFSA.
* **Include other people as part of your household only** **if**: they now live with you or your spouse **AND** you or your spouse provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2016.
 |

**ITEM 2: Household Information**

|  |  |  |  |
| --- | --- | --- | --- |
| First & Last Name (**include yourself in this list**) | Age | Relationship to student(Parent, brother, sister, etc.) | Name of College attending between July 1, 2015-June 30, 2016 & enrolled 6 hrs. or more |
|  |  |  |  |
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|  |  |  |  |

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ITEM 3: Other Information**

\_\_\_\_\_No one listed in the household under ITEM 2 received SNAP (food stamps) benefits in 2013 or 2014.

\_\_\_\_\_One of the persons listed in the household under ITEM 2 received SNAP (food stamps) benefits in 2013 or 2014.

Please list the member(s) of the household who received SNAP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Note**: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ITEM 4: Additional Financial Information**

Did you or your parent(s) **pay** child support to another household in 2014?

\_\_\_\_\_ YES (if yes - complete table below) \_\_\_\_\_ NO

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person Who Paid Child Support | Name of Child | Name of Person to Whom You Paid Child Support | Amount of Child Support Paid in 2014 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**ITEM 5: High School Completion Status**

**One of the following documents must be provided to Point University indicating your high school completion status when you begin college in 2015-2016. The items with an asterisk (\*) are requested by the Admissions Office as part of the normal admission process. You may have already provided this document. Please review the list of acceptable documents and indicate your response below.**

**The education information: \_\_\_\_\_\_\_ is attached with the verification documents, or**

 **\_\_\_\_\_\_\_ has already been provided to Point University Admissions**

  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 ***or*** a copy of the “secondary school leaving certificate” (or other similar document) for students who completed secondary education in a foreign country and are unable to obtain a copy of their high school diploma or transcript.

**\***  A copy of the student’s General Educational Development (GED) Certificate or GED transcript.

**\***  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.

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  If State law requires a homeschooled student to obtain a secondary school completion credential for home school (other than a high school diploma or its recognized equivalent), a copy of that credential.

**\***  If State law does not require a homeschooled student to obtain a secondary school completion credential for home school (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 documents the successful completion of a secondary school education in a home school setting.

**ITEM 6: SIGN THIS WORKSHEET**

*By signing this worksheet, I (we) certify that all the information reported to qualify for Federal Student Aid is complete and correct. WARNING: If you purposely file false or misleading information on this form, you may be fined, be sentenced to jail, or both.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature (Dependent Students Only) Date

**ITEM 7: Identity and Statement of Educational Purpose Form**

**In addition to this V4 Worksheet, you must complete the *attached form* in the Financial Aid Office at Point University or it must be notarized and the original mailed or brought to the Financial Aid Office along with a copy of the ID used. Financial Aid Verification will not be complete without this.**

***Submit documents by one of these ways***:

**1. Mail to**:

 Point University

 Office of Financial Aid

 507 West 10th Street

 West Point, GA 31833

*or*

**2. FAX**:

706-645-9475

*or*

**3. EMAIL**:

student.assistance@point.edu

If you have questions please call us at: 706-385-1018

***\*\* We cannot process your financial aid until verification has been completed. Please provide all required documents as soon as possible.***

***\*\* Please note that processing may take longer during the peak period after all requested documents are received****.*

**Identity and Statement of Educational Purpose (To Be Signed at Point University)**

The verification process requires you to sign a Statement of Educational Purpose and confirm your identity. **You may bring this document to the Office of Financial Aid at Point University or to the campus site director and sign the document in our office or you may complete the second page and have the document notarized.**

The student must appear in person at **Point University** to verify his or her identity by presenting 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 the name of the official at the institution authorized to collect the student’s ID.

In addition, the student must sign in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the individual

 (Print Student’s Name)

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 \_\_\_\_\_\_**Point University**\_\_\_\_\_\_ for 2015-2016.

 (Name of Postsecondary Educational Institution)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student’s ID Number)

**\*FOR OFFICE USE ONLY**\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF Financial Aid Staff/Campus Site Director Verifying Identity TITLE of Person Verifying Identity

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TYPE OF IDENTIFICATION COLLECTED Date

**Identity and Statement of Educational Purpose (To Be Signed in the Presence of a Notary)**

**If you are unable to appear in person at the Office of Financial Aid, you must complete this form and have it notarized. No faxed or emailed copies will be accepted of this notarized page.**

If the student is unable to appear in person at **\_\_POINT UNIVERSITY\_\_** to verify his or her identity, the student must provide:

(a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below or that is presented to a notary, such as, but not limited to, a driver’s license, other state-issued ID, or passport; ***and***

(b) The original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the individual (Print Student’s Name)

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

\_\_\_\_\_\_\_\_\_\_\_\_\_**Point University**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for 2015-2016.

(Name of Postsecondary Educational Institution)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student’s Signature) (Date)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Student’s ID Number)

**Notary’s Certificate of Acknowledgement**

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 (Date) (Notary’s Name)

Personally appeared, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and proved to me

 (Printed name of signer)

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.

**WITNESS my hand and official seal** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Notary signature)

My commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date)