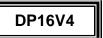


2015-2016 High School Completion/ Statement of Educational Purpose Verification Worksheet



DOCUMENT MUST BE ORIGINAL - NO COPIES ACCEPTED

Your 2015-16 FAFSA was selected for process called verification. At this point, our office is required to compare the data entered on your FAFSA with your 2014 tax information (if applicable) as well as the information you provide on this worksheet. The law requires that we, as financial aid administrators, must complete verification before awarding Federal Student Aid. If we discover that there are differences, your FAFSA may need to be corrected. Also, we may request additional information. You and your parent must sign and complete the worksheet, attach any required documents, and submit to the Financial Aid Office.

Be sure to: Complete the entire form. Do not leave any line blank. If not applicable, enter "\$0" or N/A.

A. Student Information				
Last Name	First Name	M.I.	Student ID	Date of Birth
Address			Phone Number	
City	State	Zip Code	Email Address	
	n Assistance Program (SNA			
Please indicate which me	ember of the household receiv	ed benefits during 20	013 or 2014:	
☐ Yourself.				
☐ Your parent(s) (i	ncluding a stepparent) even i	f vou don't live wit	th vour parents.	
were completing	2016, or if the other children a FAFSA for 2015–2016. Incl ot live with the parents.			
	ey now live with the student a continue to provide more than			
☐ No one in the ho	usehold received SNAP bene	fits.		
Note: Additional docume	ntation may be required to ve	rifv SNAP benefits fo	or 2013 or 2014.	
. Child Support Paid Info	,	,		
	ld support in 2014? Do not inc	lude child support	for children included in	your household
☐ No ☐ Y	es – Indicate the total annual If asked by the school, I			
lame of Person Who Paid Child Support	Name of Person to Whom of Support was Paid		hild for Whom Support Was Paid Include in Section B)	Amount of Child Support Paid
Marty Jones	Chris Smith (example)	•	Terry Jones	\$6,000.00

D. Confirmation of Student Identity

government-issue The institution v	ued photo identifica will maintain a copy	ition (ID), such as, but	not limited to: a driver's lice s annotated with the date i	y by presenting a copy of valid ense, other state-issued ID, or passport. t was received and the name of the For Office Use Only:		
	Copy of driver's lie	cense		Tor Office Ose Offig.		
	Copy of US Passp	port		Type of Document:		
	Certificate of Natu	ıralization		Document Verified by:		
	Other official gove	ernment issued ID		Boodinon: Voliniou by:		
				Date Document Received:		
E. Statement	of Educational Pu	ırpose				
I certify that I,			, am the individ	ual signing this Statement of		
purposes and	urpose and that the to pay the cost of a	attending <u>Cape Coral 1</u>	Гесhnical College for 201			
F. High Sch	ool Completion St	atus – Educational R	ecords must complete th	is section:		
		following documents w 016 academic year.	as provided to Educationa	Records to verify high school		
				For Office Use Only:		
	Final official high s the student's grad	high school transcript that indicates graduation date.		Type of Document:		
		nal Development (GEE transcript with accepta		Document Verified by:		
	An official college transcript that indicates the student successfully			Date Document Received:		
	International Evaluation Credentials showing equivalency of U.S. high school graduation.					
	Other:		<u></u>			
G. Certificat	tion					
The student (n			ne information reported on i ument) and the parent who	t is complete and correct. see information was reported on		
		For Office Use Only:]	WARNING: If you purposely give false or misleading information on		
Student's Signature			Date	this worksheet, you may be fined, be sentenced to prison, or both.		
Parent's Signat	ture	FA Office Initials	Date	_		

H. Notary

THIS DOCUMENT MUST BE NOTARIZED UNLESS YOU COMPLETED SECTION D IN THE OFFICE OF FINANCIAL AID SERVICES. PLEASE ATTACH A COPY OF THE VIEWED IDENTIFICATION.

State of			
City/County of			
	, before me,	(Natomia nama	
(Date) Personally appeared,		(Notary's nam	e), and proved to me on basis of satisfacto
	(Print name	e of signer)	
Evidence of identification			to be the above-name
	(Type of gover	nment-issued photo ID provided)	
Person who signed the foregoi	ng instrument.		
WITNESS my hand and offic	al seal		
		(Notary S	Signature)
		My commission expires on	
			(Date)

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid office.