

2015-2016
High School Completion
Statement of Educational Purpose
Independent 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 must complete and sign this worksheet (your spouse, if applicable, may also sign the form), attach any required documents, and submit to the Financial Aid Office.

Be sure to: Complete the entire form. **Do not leave anything 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	

B. Supplemental Nutrition Assistance Program (SNAP) Benefits

Please indicate which member of the household received benefits during 2013 or 2014:

- Yourself.
- Your spouse, if you are married.
- Yours or your spouse's children if you or your spouse will provide more than half of their support from July 1, 2015, through June 30, 2016, even if the children do not live with you.
- Other people if they now live with you 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.
- No one in the household received SNAP benefits.

Note: Additional documentation may be required to verify SNAP benefits for 2013 or 2014.

C. Child Support Paid- Calendar Year 2014

(Do not include support for children included in your household)

Did you or your spouse pay child support in 2014?

- No Yes – Indicate the total annual amount of child support that was paid in 2014 for each child.
If asked by the school, I will provide documentation of the payment of child support.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid <i>(Cannot include in Section B)</i>	Amount of Child Support Paid
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

D. Confirmation of Student Identity

You **must appear in person** at Cape Coral Technical College to verify your identity by presenting a copy of 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 your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

- A copy of driver's license
- A copy of US Passport
- Certificate of Naturalization
- Other Official government issued ID

For Office Use Only:

Type of Document:

Document Verified by:

Date Document Received:

E. Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of
(Print Student's Name)

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 **Cape Coral Technical College** for 2015-2016.

F. High School Completion Status – Educational Records must complete this section:

Please indicate which one of the following documents was provided to Educational Records to verify high school completion status for the 2015–2016 academic year.

- Final official high school transcript that indicates the student's graduation date.
- General Educational Development (GED) certificate or GED transcript with acceptable GED scores.
- An official college transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- International Evaluation Credentials showing equivalency of U.S. high school graduation.
- Other: _____

For Office Use Only:

Type of Document:

Document Verified by:

Date Document Received:

G. Certification and Signatures

The student (must sign in person or notarize the document). Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

Student's Signature

For Office Use Only:

FA Office Initials

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.

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 _____

On _____, before me, _____
(Date) (Notary's name)

Personally appeared, _____, and proved to me on basis of satisfactory
(Print name of signer)

Evidence of identification _____ to be the above-named
(Type of government-issued photo ID provided)

Person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary 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.***