

## 2015 – 2016 Verification Worksheet V-4 (Custom)

Student Financial Aid & Scholarships P. O. Box 629 Grambling, LA 71245 Toll Free: 800-761-8077

Office: 318-274-6056 Fax: 318-274-3358

Your 2015–2016 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents (dependent student) reported on your FAFSA. To verify that you provided correct information, your Financial Aid Administrator will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent (dependent student) must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office. We may ask for additional information. If you have questions about verification, contact your Financial Aid Administrator as soon as possible so that your financial aid will not be delayed.

## Place an X in front of your Student Status

|                          | DEPENDENT                 |  | _ INDEPENDENT           |  |
|--------------------------|---------------------------|--|-------------------------|--|
| A. Student's Int         | formation                 |  |                         |  |
| Student's Last Name      | Student's First Name      | Student's M.I.                           | Student's G Number      |  |
| Student's Street Address | (include apt. no.)        | Student's Social Security Number         |                         |  |
| City                     | State                     | Zip Code                                 | Student's Date of Birth |  |
| Student's Home Phone No  | umber (include area code) | Student's Alternate or Cell Phone Number |                         |  |

## **B.** High School Completion Status

Provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2015–2016:

- 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.
- A copy of the student's General Educational Development (GED) certificate or GED transcript. *Grambling State University only accept GED certificate or Transcript from a student that is 25 years or older.*
- 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.
- 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.

| Student's Name:  |   |
|--|---|
|  |   |
| C. Identity and Statement of Educational Pur   | pose (To Be Signed at Grambling)  |
| The student must appear in person at Grambling   | State University to y Educational Institution)  |
| verify his or her identity by presenting a valid gover<br>limited to, a driver's license, other state-issued ID, of  | rnment-issued photo identification (ID), such as, but not or passport. The institution will maintain a copy of the was received and the name of the official at the institution |
| In addition, the student must sign, in the presence of   | f the institutional official or notary, the following:  |
| Statement of   | Educational Purpose   |
| I certify that I (Print Student's Name)  | am the individual signing this  |
| Statement of Educational Purpose and that the feder I may receive will only be used for educational purpose and that the feder I may receive will only be used for educational purpose Grambling State University (Name of Postsecondary Educational Institution) for 2015–2016. | ral student financial assistance  |
| (Student's Signature)  | (Date)  |
|  |   |
| (Student's ID Number)  |   |
| (Authorized Financial Aid Administrator's Signature)   | (Date)  |
| Notary's Certifica   | ate of Acknowledgement  |
| <u>To Be Signed with Notary</u> : If you are unable to apper valid government-issued ID and the original copy of   | ear in person at Grambling State University you must provide<br>this form.  |
| State of   |   |
| City/County of   |   |
| On, before me,   | (Notary's name)   |
|  |   |
| personally appeared,(Printed name of signer)   | , and proved to me  |
| on basis of satisfactory evidence of identific   | (Type of government-issued photo ID provided)   |
| to be the above-named person who signed the  | ne foregoing instrument.  |
| WITNESS my hand and official seal  |   |
| (seal)   | (Notary signature)  |
|  |   |
| My commission expires on(Date)   |   |

| D.  | Independent Student's/  | Dependent Student Parei  | nt's O                        | other Information to Be   | Verified   |  |  |  |  |  |
|---|---|--|-------------------------------|---|--|--|--|--|--|--|
| 1   | 1. Complete this section if someone in the independent student's household or the dependent student parent(s) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2013 or 2014 calendar years. |  |                               |   |  |  |  |  |  |  |
|   |   | my household / my parent's hou<br>l provide documentation of the   |                               |   |  |  |  |  |  |  |
| 2   | 2. Complete this section if the index 2014.   | lependent student or spouse (if r  | narried                       | ), or dependent student parent(   | s) paid child support in                                 |  |  |  |  |  |
|   | was paid, the names of the was paid beginning Januar  | name of the person who paid the children for whom child supporty 1, 2014 through December 31 the payment of child support. <i>If e top</i> . | rt was <sub>j</sub><br>, 2014 | paid, and the total annual amou for each child. If asked by the   | nt of child support that<br>Financial Aid Office, I will |  |  |  |  |  |
|   | Name of Person Who Paid<br>Child Support  | Name of Person to Whom Child<br>Support was Paid   |                               | Name of Child for Whom<br>Support Was Paid  | Amount of Child<br>Support Paid in<br>2014               |  |  |  |  |  |
|   | Marty Jones   | Chris Smith (example)  |                               | Terry Jones   | \$6,000.00   |  |  |  |  |  |
|   |   |  |                               |   |  |  |  |  |  |  |
|   |   |  |                               |   |  |  |  |  |  |  |
| _   |   |  |                               |   |  |  |  |  |  |  |
| Е.  | <b>Certification and Signatures</b>   |  |                               |   |  |  |  |  |  |  |
|   | Each person signing this works information reported on it is co changes can be made) The stu (if dependent) must sign and d   | integrated and correct. (No integrated and one parent se   |                               | WARNING: If you purposely give false or misleading nformation on this worksheet, you may be fined, be sentenced to jail, or both. |  |  |  |  |  |  |
|   |   |  |                               |   |  |  |  |  |  |  |
| Student's Signature  Parent's Signature (FOR DEPENDENT STUDENT) |   |  |                               | Date  |  |  |  |  |  |  |
|   |   |  |                               | Date  |  |  |  |  |  |  |

Student's Name: \_

G#: \_\_\_\_\_