Your current (2014-2015) Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You and one parent (if dependent) must complete and sign this worksheet, attach any required documents, and submit the form along with any other additional information required by the student Financial Services Office. Go to: polk.edu; click on Admission & Aid, Financial Aid, and then Forms.

Student Name (Please Print): __________________________ Student ID: _______________________

Contact Phone Number: ____________________________ Academic Year/Term: _____________________

A. Dependency Status & Family Information: Please check the box that applies.

☐ Dependent- A student is considered dependent if he/she was required to provide parental data on the FAFSA.

☐ Independent- A student is considered independent if he/she was not required to provide parental data on the FAFSA.

B. Supplemental Nutrition Assistance Program (SNAP) Benefits: Please do not leave blank.

*Please select Yes or No. DO NOT leave anything blank. If for any reason we believe the information provided is not accurate we may require additional documentation.

Did any members of your stated household receive food stamps, State Supplemental Nutrition Assistance Program (SNAP), in 2012 and/or 2013? [□ Yes [□ No

Please sign the statement in the area provided below, or your parents sign if you are dependent, affirming benefits were received by someone in the household during 2012 and/or 2013.

I, ________________________, affirm that benefits were received by some household members during the 2012 and/or 2013 (student/parent/spouse) academic year.

C. Child Support Paid: Please do not leave blank if you reported paying child support in 2013.

On your 2014-2015 FAFSA, you have stated that someone in your household paid child support due to a requirement in 2013. Please complete the following information. **DO NOT LEAVE THIS BLANK**; if not applicable, enter “N/A”. If for any reason we believe the information provided is not accurate we may require additional documentation.

<table>
<thead>
<tr>
<th>Child Support you PAID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child’s Name</td>
</tr>
</tbody>
</table>
D. High School Completion Status – Please check the box that indicates your high school completion status. *Please select only one box; this pertains to the student only.

- High School diploma
  Please include:
  Copy of high school diploma or copy of final high school transcript, which includes date of high school completion

- GED Completion
  Please include:
  Copy of GED Certificate or copy of GED Transcript

- State Certificate
  Copy of the certificate the student received after passing a state-authorized examination which the state recognizes as the equivalent of a diploma

- Two-Year Program Completion
  Copy of academic transcript showing student has completed at least a two-year high school program acceptable for full credit toward a bachelor’s degree

- Students who completed secondary education in a foreign country
  Documentation of the “secondary school leaving certificate” or other similar document

- Home Schooled Students
  Transcript or equivalent signed by student’s parent or guardian that lists the secondary school course completed by the student and documents successful completion of a secondary school education for states requiring provide state credentials

E. Validity of Identification & Statement of Educational Purpose – Please check the box (ONLY ONE) that indicates your high school completion status. *Please select YES or NO; DO NOT leave anything blank.

Please submit valid government-issued photo identification, including but not limited to a driver's license, state-issued identification, military identification, or passport. Form of ID submitted: __________________________.

I, ____________________________________________ (the student) certify that the federal financial aid received will be used for only educational purposes to pay the cost of attending Polk State College 2014 - 2015 (academic year).

*Please submit only an original notarized statement signed by the student certifying the federal financial aid received will only be used for educational purposes to pay the cost of attending Polk State College during the academic year of 2014 - 2015 (current academic year).

NOTARY STAMP DATE Received By (SFS Regular Employee Only)

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

Student Signature ________________________ Date ____________________

Parent Signature (if dependent) / Spouse ________________________ Date ____________________

Office of Student Financial Services
999 Avenue H NE
Winter Haven, FL 33881-4299
Phone: 863.297.1004
Fax: 863.298.6850; E-mail: financialaid@polk.edu

Polk State College is committed to and encourages equal opportunity/equity/access for its programs, services, and activities.