

VERIFICATION WORKSHEET VERSION 4

2015- 2016

Your current (2015-2016) 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 2013 and/or 2014?

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 2013 and/or 2014.

I, _____, affirm that benefits were received by some household members during the 2013 and/or 2014
 (student/parent/spouse) academic year.

C. Child Support Paid: Please do not leave blank if you reported paying child support in 2014.

On your 2015- 2016 FAFSA, you have stated that someone in your household paid child support due to a requirement in 2014. 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.

Child Support you, spouse or if dependent parent PAID				
Child's Name and age	Name of person paying support	Name of person receiving child support	Student Annual Amount	Parent(s) / Spouse (if dependent) Annual Amount

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 the date of high school completion

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

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

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

Associate Program Completion
Copy of academic transcript showing student completed at least a two-year degree acceptable for full credit toward a bachelor’s degree

Home Schooled Students
A transcript or equivalent signed by student’s parent or guardian that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a home school setting.

Validity of Identification & Statement of Educational Purpose – Please check the box (ONLY ONE) that indicates your high school completion status. Please submit valid government-issued photo identification, including but not limited to a driver’s license, state-issued identification, military identification, or passport.*Copies must be attached to this document or documents submitted via fax or email*

I, _____, (the student) certify that I am the individual signing this Statement of Educational Purpose and that the federal financial aid assistance I may receive will only be used for educational purposes to pay the cost of attending Polk State College for 2015-2016.

NOTARY STAMP **DATE**

Signature of Notary

Received By (SFS Regular Employee Only)

Student Signature /Student ID# Date

Parent Signature (if dependent) / Spouse Date

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

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