

## VERIFICATION WORKSHEET VERSION 4

### 2017 - 2018

Due to the information you provided, your current (2017-2018) Free Application for Federal Student Aid (FAFSA) was selected for review in a process called *Verification*. Your FAFSA will be compared to the information on this worksheet along with any other required documents. If there are inconsistencies, your FAFSA information may need to be corrected. You must complete and sign this worksheet, and submit this form along with all requested supporting documents to the Student Financial Services Office. **This process takes 14 working business days once all requested documents are received.** To locate other forms, go to [polk.edu](http://polk.edu); click on Admission & Aid, Financial Aid, and then Forms. If you have any questions about verification, contact the Student Financial Services Office as soon as possible so that your financial aid will not be delayed.

Student Name (Please Print): \_\_\_\_\_ Student ID: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Term: \_\_\_\_\_

#### **A. Independency Status & Family Information: Please read below fill in the box.**

☐ **Dependent-** I was required to provide parental data on the FAFSA (this includes students who do not live with their parents and DO NOT fall in the category of married, financially supporting a child at 51% from July 1<sup>st</sup> 2017 through June 30<sup>th</sup> 2018, serving in the military, a veteran or a qualified unaccompanied youth.

☐ **Independent-** A student is considered independent if (s)he is married, has a child (s)he takes care of 51% of the year, serves in the military, or is a veteran or a qualified unaccompanied youth.

#### **B. Child Support Paid in 2016: Enter "N/A" to what does not apply. Please do not leave blank.**

On your 2017-2018 FAFSA, you stated that someone in your household paid child support due to a requirement in 2016. Please complete the following section. **If for any reason we believe the information you provide is questionable, we may require additional documentation. Do not include support for children in your parent(s) household listed in section A.**

Child Support student/spouse and or parent/step-parent PAID					
Name of the child for whom support was paid?	Age of the child?	Name of person who paid child support in 2016? ( <u>NOT You</u> )	Name of person receiving child support? ( <u>NOT You</u> )	Student Annual amount of support paid in 2016?	Spouse Annual Amount Paid in 2016?

**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

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

☐ **State Certificate**

☐ **Associate Program Completion**

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

student completed at least a two-year degree 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**

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 present in person an unexpired valid government-issued photo identification. Identification cards may include, but are not limited to, a driver's license, state-issued identification, military identification, or passport. ***\*(Copies will not be accepted under any circumstance).\****

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 2017-2018.

\_\_\_\_\_  
NOTARY STAMP

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Received By (SFS Regular Employee Only)

\_\_\_\_\_  
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](mailto:financialaid@polk.edu)