

2017-2018 Verification Worksheet Federal Student Aid Programs College of Micronesia-FSM

INDEPENDENT
STUDENT
Tracking Group

V4

Your 2017–2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called <u>verification</u>. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information we 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 must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the COM-FSM Financial Aid Office. If you have questions about verification, contact the nearest COM-FSM Financial Aid Office as soon as possible so that your financial aid will not be delayed.

A. Independent Student's Informati	ion						
Student's Last Name	Student's First Name	Student' M.I	Student's SS/ID Number				
Student's Mailing Address (P.O Box City	, State, Zip Code)		Student's Date	of Birth H	ome Phone		
B. Supplemental Nutrition Assistanc Check the box that applies:	e Program						
No one listed in the household re	ceived SNAP benefits in 2015.						
One of the persons listed in house	ehold received SNAP benefits in 20	015.					
C. Child Support Paid Check the box that applies:							
No child support was paid for individuals outside of the household in one listed in the household in 2015.							
of the persons who paid the chi children for whom child support	is a member of the student's hou ild support, the names of the pe was paid, and the total annual am cluded in the student's household.	rsons to whom the ount of child suppe	child support w	vas paid, the names	s and ages of the		
If you need more space, attach a separat	e page that includes the student's	name and Social S	ecurity Number a	•			
Name of Person Who Paid	Name of Person to Whom		ld for Whom	Age of Child for Whom	Amount of		

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such

A signed statement from the individual receiving the child support certifying the amount of child support received; or

Chris Smith (example)

Copies of the child support payment checks, money order receipts, or similar records of electronic payment having been made.

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\$6,000

Marty Jones

Terry Jones

Student Name:		SS/ID Number:						
D. High School Completion Status Provide one of the following documen	its that will indicate your high	n school completion status when beginning co	llege in 2017-2018.					
Check the box of the document you wil	l attach to this worksheet							
A copy of your high school dip	oloma							
A copy of your final official hi	gh school transcript that shov	ws the date when your diploma was awarded						
	A state certificate or transcript received by you after passing a State-authorized examination (GED test, HSET, TASC, or other Stat authorized examination) that the State recognizes as the equivalent of a high school diploma.							
For students who completed similar document.	or students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other milar document.							
An academic transcript that in bachelor's degree.	An academic transcript that indicates your successful completion of at least a two-year program that is acceptable for full credit toward a bachelor's degree.							
		requires the student to obtain a secondary alent), a copy of that credential.	school completion credential for					
for homeschool (other than	a high school diploma or i ondary school courses the s	oes not require the student to obtain a secon ts equivalent), a transcript or equivalent, si student completed and included a stateme setting.	gned by the student's parent or					
A student who is unable to obtain the c	locumentation listed above n	nust contact the nearest COM-FSM Financial A	Aid Office.					
E. Identity and Statement of Educa Section E is ONLY to be completed	=	VI Financial Aid Office or front of a Notar	у					
The student must appear in person at								
	(Nam	ne of Postsecondary Education Institution)						
state-issued ID, or passport. COM-FSM date it was received and reviewed by Statement of Education Purpose provio	Financial Aid Office will mair Financial Aid. In addition, th ded below. If you cannot ap	d photo identification (ID), such as, but not lintain a copy of the student's photo ID that is se student must sign, in the presence of a Copear in person to sign this Statement of Eduf Educational Purpose notarized by a public n	annotated by the College with the DM-FSM Financial Aid official, the cation Purpose, you will need to					
	Statement	of Education Purpose						
I certify that I Printed Student		m the individual signing this Statement of Edu	cational Purpose and that the					
Federal student financial assistance I m	ay receive will only be used f	or educational purposes and to pay the cost o	fattending					
_			for 2017-2018					
(Name of Postsecondary Education	nstitution)							
Student's Signature	Date	Financial Aid Official's Signature	Date					

Student Name:		SS/ID Number:						
Notary's Certificate of Knowledge								
State of	City/Country of		On _					
before me,(Notary Signature)	personally appeared,	(printed na	ame of signer)					
and proved to me on basis of satisfactory	evidence of identification	(Type of government-issued photo ID provided)						
To be the above named person who signe	ed the foregoing instrument							
WITNESS my hand and official seal	(Notary Signature)		(Date Commiss	sion Expires)				
		(Seal)						
F. Certification and Signatures								
By signing this worksheet you certify that misleading Information on this workshee								
Student's Signature			Date					
Spouse's Signature (optional)			Date					