

2018-2019 Verification Worksheet Federal Student Aid Programs College of Micronesia-FSM

DEPENDENT STUDENT Tracking Group

V4

Your 2018–2019 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 and your parents 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 and at least one parent 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. Dependent Student's Information					
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	Home Phone	
Parent's Other Information to Be Ve	rified				
B. Supplemental Nutritional Assistance the box that applies:	ance Program				
No one included in the household	on the FAFSA received SNAP be	nefits in 2016.			
One of the persons included in th	e household on the FAFSA receiv	ed SNAP benefits in	2016.		
C. Child Support Paid Check the box that applies: No child support was paid for indi	viduals outside of the household	l in 2016.			
One (or both) of the student's phousehold. Provide in the space I support was paid, the names and was paid in 2016 for each child.	parents included in the householelow the names of the persons	old and/or the stud who paid the child	support, the names of the per	rsons to whom the child	

 $If you need more space, attach a separate page that includes the student's name and Social Security \ Number at the top.$

Name of Person Who Paid	Name of Person to Whom	Name of Child for Whom	Age of Child for	Amount of
Child Support	Child Support was Paid	Support	Whom Support Was	Child Support
Joe Jones	Jane Doe	Jake Jones	5	\$6,000

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

- · A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payment having been made.

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Student Name:		SS/ID Number:	
D. High School Completion Status Provide one of the following document	s that will indicate your high	n school completion status when beginning co	ollege in 2018-2019.
Check the box of the document you will	attach to this worksheet		
A copy of your high school dip	loma		
A copy of your final official hig	h school transcript that show	ws the date when your diploma was awarded	
		assing a State-authorized examination (GED equivalent of a high school diploma.	test, HSET, TASC, or other State-
For students who completed similar document.	secondary education in a f	foreign country, a copy of the "secondary so	chool leaving certificate" or other
An academic transcript that in bachelor's degree.	dicates your successful com	pletion of at least a two-year program that is	acceptable for full credit toward a
		requires the student to obtain a secondary ralent), a copy of that credential.	school completion credential for
for homeschool (other than	a high school diploma or i ndary school courses the	oes not require the student to obtain a seconits equivalent), a transcript or equivalent, s student completed and included a stateme setting.	igned by the student's parent or
E. Identity and Statement of Educa Section E is ONLY to be completed i		W Financial Aid Office or front of a Notai	Y
The student must appear in person at			
	(Nam	ne of Postsecondary Education Institution)	
state-issued ID, or passport. COM-FSM I date it was received and reviewed by F Statement of Education Purpose provid	Financial Aid Office will mair Financial Aid. In addition, th ed below. If you cannot ap	ed photo identification (ID), such as, but not intain a copy of the student's photo ID that is ne student must sign, in the presence of a Copear in person to sign this Statement of Edit Educational Purpose notarized by a public results.	annotated by the College with the OM-FSM Financial Aid official, the ucation Purpose, you will need to
	Statement	of Education Purpose	
I certify that I Printed Student's		n the individual signing this Statement of Edu	cational Purpose and that the
Federal student financial assistance I ma	y receive will only be used f	or educational purposes and to pay the cost o	of attending
(Name of Books and Joseph and Salara			- for 2018-2019
(Name of Postsecondary Education in	istitution)		
Student's Signature		Financial Aid Official's Signature	 Date

Student Name:		SS/ID Number:		
	Notary's Cert	ificate of Knowledge		
State of	City/Country of	On		
before me,(Notary Signature		(printed name of signer)		
	sfactory evidence of identification	(Type of government-issued photo ID provided)		
To be the above named person w	tho signed the foregoing instrument.			
WITNESS my hand and official se	(Notary Signatur	re) (Date Commission Expires)		
		(Seal)		
F. Certification and Signature	es			
		ted on it is complete and correct. WARNING: If you purposely give false or tenced to jail, or both. The student and one parent must sign and date.		
Student's Signature		Date		
Parent's Signature		Date		