

## 2019-2020 Verification Worksheet Federal Student Aid Programs College of Micronesia-FSM

DEPENDENT STUDENT Tracking Group

V4

Your 2019–2020 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 Bo	x City, State, Zip Code)		Student's Date of Birth	Home Phone		
Parent's Other Information to E	Be Verified					
B. Supplemental Nutritional A Check the box that applies:	ssistance Program					
No one included in the hous	ehold on the FAFSA received SNAP be	nefits in 2017.				
One of the persons included	in the household on the FAFSA receiv	red SNAP benefits in	2017.			
C. Child Support Paid Check the box that applies:						
No child support was paid for	or individuals outside of the household	l in 2017.				
household. Provide in the sp	ent's parents included in the househ pace below the names of the persons as and ages of the children for whom hild.	who paid the child	support, the names of the per	rsons to whom the child		
If you need more space attach as	narata naga that includes the student	's name and Cosial C	Cocurity Number at the tan			

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 documents that wil	ll indicate your high school completion status when beginning college in 2019-2020.
Check the box of the document you will attach to	this worksheet
A copy of your high school diploma	
A copy of your final official high school t	transcript that shows the date when your diploma was awarded
	ed by you after passing a State-authorized examination (GED test, HSET, TASC, or other State-recognizes as the equivalent of a high school diploma.
For students who completed secondar similar document.	ry education in a foreign country, a copy of the "secondary school leaving certificate" or other
An academic transcript that indicates yo bachelor's degree.	our successful completion of at least a two-year program that is acceptable for full credit toward a
	e where state law requires the student to obtain a secondary school completion credential for liploma or its equivalent), a copy of that credential.
for homeschool (other than a high sc	where state law does not require the student to obtain a secondary school completion credential chool diploma or its equivalent), a transcript or equivalent, signed by the student's parent or hool courses the student completed and included a statement that the student successfully on in a homeschool setting.
E. Identity and Statement of Educational Pu Section E is ONLY to be completed in person  The student must appear in person at	urpose n at the COM-FSM Financial Aid Office or front of a Notary
The student must appear in person at	(Name of Postsecondary Education Institution)
state-issued ID, or passport. COM-FSM Financial Adate it was received and reviewed by Financial A Statement of Education Purpose provided below	government issued photo identification (ID), such as, but not limited to, a driver's license, other Aid Office will maintain a copy of the student's photo ID that is annotated by the College with the Aid. In addition, the student must sign, in the presence of a COM-FSM Financial Aid official, the r. If you cannot appear in person to sign this Statement of Education Purpose, you will need to d this Statement of Educational Purpose notarized by a public notary.
	Statement of Education Purpose
I certify that I Printed Student's Name	am the individual signing this Statement of Educational Purpose and that the
Federal student financial assistance I may receive	will only be used for educational purposes and to pay the cost of attending
(Name of Postsecondary Education institution)	for 2019-2020
	,
Student's Signature	Date Financial Aid Official's Signature Date

Student Name:	SS/ID Number:	
	Notary's Certi	ificate of Knowledge
State of	City/Country of	On
before me,(Notary Signature)	personally appeared	(printed name of signer)
and proved to me on basis of satisfacto	ory evidence of identification	(Type of government-issued photo ID provided)
To be the above named person who sig	gned the foregoing instrument.	
WITNESS my hand and official seal	(Notary Signatur	e) (Date Commission Expires)
		(Seal)
F. Certification and Signatures		
		ed on it is complete and correct. <b>WARNING: If you purposely give false or</b> tenced to jail, or both. The student and one parent must sign and date.
Student's Signature		Date
Parent's Signature		Date