



2014-2015 Verification Worksheet - Dependent Student

Your 2014-2015 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. This process compares data from your FAFSA with this form and any other requested information for both you and your parent(s). **We will not be able to finalize your financial aid package until all verification documents requested have been received.** You and at least one parent must complete and sign this worksheet, attach any required documents, and return them to the Financial Aid Office using the address, FAX #, or email address listed on page 4 of this document.

A. Dependent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student's Social Security Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (include area code)			Student's Cell Phone Number

B. Dependent Student's Family Information

List below the people in the student's and their parent(s)' household... Include:

- **Yourself and your parent(s)** (including a stepparent) even if the student didn't live with their parent(s).
- **Your parent(s)' other children** if your parent(s) will provide more than half of their support from July 1, 2014, through June 30, 2015, or if the other children would be required to provide parental information if they were completing a FAFSA for 2014-2015. Include children who meet either of these standards, even if they do not live with your parent(s).
- **Other people** if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2015.

Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2014, and June 30, 2015. If more space is needed, attach a separate page with the student's name and Social Security Number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
Missy Jones (example)	18	Sister	St. Andrew University	Yes
		Self	St. Andrews University	

C. Other information to be verified

One of the persons listed in Section B of this worksheet received Supplemental Nutrition Assistance Program (SNAP) benefits in 2012 and/or 2013. (These benefits were formerly known as food stamps).

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2012 or 2013.

One (or both) of the student's parents listed in Section B of this worksheet **paid child support in 2013**. The parent has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2013 for each child.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Address of Child	Amount of Support Paid in 2013
Marty Jones	Chris Smith (example)	Terry Jones	220 North Camden St Wingate NC 28174	\$6,000.00

D. High School Completion Status

Attach one of the following documents to certify that the student has completed high school:
(Please indicate which document you have attached)

- ___ Copy of the student's high school diploma
- ___ Copy of the high school transcript that includes the date that the high school diploma was awarded
- ___ Copy of one of the recognized equivalents of a high school diploma:
 - ___ General Education Development certificate
 - ___ Certificate recognized by the state as an equivalent to a diploma
 - ___ Academic transcript that shows the successful completion of at least a two year program acceptable for full credit towards a bachelor's degree
- ___ Copy of the high school completion for home schooled students:
 - ___ Transcript or the equivalent, signed by the parent or guardian, that lists the secondary school courses completed by the applicant and documents the successful completion of a secondary school education
 - ___ A secondary school completion credential for home school provided for under State law

Certification Statement:

By signing this form, we certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Identity and Statement of Educational Purpose

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(To Be Signed at the Institution)

The student must appear in person at St. Andrews University to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational
(Print Student's Name)

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 St. Andrews University for 2014-2015 academic year.

(Student's Signature)

(Date)

(Student's ID Number)

(Financial Aid Officer Printed Name)

(Financial Aid Officer Title)

(Financial Aid Officer Signature)

(Date)

Do not mail this worksheet to the U.S. Department of Education.

Submit this worksheet to:

**St. Andrews University
Office of Financial Aid
1700 Dogwood Mile
Laurinburg, NC 28352
910-277-5560
finaid@sapc.edu (email)**