

2024-2025 V4 Custom Dependent & Independent Verification Worksheet

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. In this process the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If necessary, we will make corrections and update your FAFSA.

Name:	Student ID Number:		
Address: City, State, Zip:	Date of Birth: Phone Number: Alternate Phone Number:		
			Email:
Certification and Signatures Each person signing below certifies that all of the			WARNING: If you purposely give false or misleading
information reported is complete and correct. The student and one parent whose information was reported on the FAFSA are required to sign.	information on this worksheet, you may be fined, be sentenced to jail, or both.		
Student's Signature (required)	Date		
Parent's Signature if Dependent Student (required)	Date		
Identity and Statement o Be Signed at the Institution:	f Educational Purpose		
student must appear in person at The "W" to verify his or hatification (ID), such as, but not limited to, a driver's license, on tain a copy of the student's photo ID that is annotated with tution authorized to collect the student's ID.	other state-issued ID, or passport. The institution will the date it was received and the name of the official at the		
ddition, the student must sign, in the presence of the instituti	ional official, the following:		
Statement of Educ	ational Purpose		
	am the individual signing this Statement of Educational Purpose		
(Print Student's Name) that the Federal student financial assistance I may receive	will only be used for educational purposes		
ay the cost of attending The "W" for 2024-2025.			

To Be Signed in the presence of a Notary:

If the student is unable to appear in person at The "W" to verify his or her identity, the student must provide:

- (a) A **copy of the valid** government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary such as, but not limited, to a driver's license, other state-issued ID, or passport; and
- (b) The <u>original notarized Statement of Educational Purpose provided below.</u> Original documents must be mailed to the The "W" Financial Aid Office, 1100 College Street, Columbus, MS 39701. Faxed or email scans will not be accepted.

Statement of Educational Purpose

I certify that I	am the individual signing this Statement of Educational Purpose		
(Print Student's Nan	ne)		
		Il only be used for educational purposes	
to pay the cost of attending The "W" for	or 2024-2025		
Student's Signature (required)	Date	Student's ID Number	
No	otary's Certificate of A	Acknowledgement	
State of	City/County of	City/County of	
(Date)		(Notary's name)	
personally appeared,		, and provided to me	
(Printed name of signer)		
on the basis of satisfactory evide	ence of identification		
	,	ype of government-issued photo ID provided)	
to be the above-named person v	who signed the foregoir	ng instrument.	
WITNESS my hand and officia	ıl seal		
, a a a a a a a a		Notary signature)	
My commission expires on:	9	SFAI	