

2018-2019 V4 Custom Verification Worksheet

A. Student Information					
Full Name:So			Social Security Number:		
Home Address:					
City: State:					
•	Phone Number: E-mail Address:				
B. Child Support Payments					
☐ Check here if you or any provide information belo	rone else in Section B of this	s worksheet <u>PAID</u> cl	nild support in	1 2017. Please	
Name of person who paid Child Support	Name of person to whom Child Support was paid	Name of child for whom Child Support was paid		Amount of Child Support paid in 2017	
Marty Jones (example)	Chris Smith (example)	Terry Jones (ex		\$6000.00 (example)	
Check here if child supp provide information below	ort was <u>RECEIVED</u> in 2017 ow.	for any of the childre	en in your hou	isehold. Please	
Name of Adult who received		or whom Support was	Amount	t of Child Support received in 2017	
the Child Support	re	received		··	
Marty Jones (example)	Chris Smith (exam	Chris Smith (example)		\$6000.00 (example)	
C. Supplemental Nutrition Ass	sistance Program-SNAP (F	-ood Stamps)			
2016 and/or 2017. If we h	rone else in Section B of thing ave reason to believe that the re documentation from the action from the actio	e information regardi	ng the receipt of	of SNAP benefits is	
D. High School Completion St	atus				
Submit your high school transcrip graduation occurs. Mark the box			on is pending _l	please wait until after your	
☐ Transcript with graduation date has already been submitted to Southern Adventist University's Admissions Office					

Student & Signature	Student ID#	Dale
Student's Signature	Student ID #	 Date
of Educational Purpose and that the federal student used for educational purposes and to pay the cost of the 2016-17 school year.	t financial assistance	I may receive will only be
I certify that I	am the individua	al signing this Statement
Statement of Educational Purpose		
In addition, you must sign, in the presence of th	e institutional offici	al, the following:
You must appear in person at <u>Southern Adventist Leading</u> valid government-issued photo identification (ID), so other state-issued ID, or passport. The institutional annotated with the date it was received and the nar collect your ID.	uch as, but not limite will maintain a copy	d to, a driver's license, of your photo ID that is
Identity and Statement of (Complete only if signing in the	Educational Pur he Financial Aid Offic	pose ce)
 In the presence of a Notary Public if you are not su 	bmitting this paperwor	k to the Financial Aid Office
person to the Financial Aid Office; or		
 In the presence of an approved representative of the 	he Financial Aid Office	if you are submitting this paperwork in
Do not complete this section in advance. This section m	ust be completed and s	signed:
E. Statement of Educational Purpose		
☐ Academic transcript that shows completion of at le	east a two-year program	acceptable for credit towards a BS degree
☐ Certificate recognized by the state as an equivaler	nt to a diploma	
☐ General Education Developmental Certificate (GE	D)	
school courses completed by the applicant and docur	ments the completion of a	a secondary school education
☐ Transcript or the equivalent, signed by the parent	·	
 □ Copy of the high school transcript that included the □ A secondary school completion credential for hom 		
Copy of the student's high school diploma		

Identity and Statement of Educational Purpose (Complete only if signing with Notary and not in the FA Office)

If you are unable to appear in person at Southern Adventist University to verify your identity you must provide:

- A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose		
I certify that I	am the individual ant financial assistance I most of attending Southern	I signing this Statement of nay receive will only be Adventist University for
Student's Signature	Student ID #	Date
Notary's Certificat	e of Acknowledgement	
State of		
City/County of		
On	, and provided to	me on basis of
My commission expires on(Date)		

F. Certifications and Signatures

Each person signing this form certifies that all the information reported on it is complete and correct. The student and at least one parent (if student is dependent) must sign and date. WARNING: If you purposefully give false or misleading information on this worksheet, you may be fined, be sentenced to jail or both.						
Student		Date	SAU ID#			
Parent	(dependent students only)	Date				