A. Instructions

Clearly print and complete all information. Do not leave any items blank; enter “N/A” if not applicable. If more space is needed for any of the sections, provide a separate sheet that includes the information, and include the student’s name and J-Number at the top of each sheet.

B. High School Completion Status

Students must provide one of the following documents that will indicate the student’s high school completion status when the student begins college in 2016–2017:

- A copy of the student’s high school diploma.
- A copy of the student’s final official high school transcript that shows the date when the diploma was awarded.
- A state certificate or transcript received by a student after the student passed a State authorized examination (GED test, HiSET, TASC, or other State-authorizer examination) that the State recognizes as the equivalent of a high school diploma.
- For students who completed secondary education in a foreign country, a copy of the “secondary school leaving certificate” or other similar document.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor’s degree.
- For a homeschooled student in a state where state law requires the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- For a homeschooled student in a state where state law does not require the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student’s parent or guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.

Note: A student who is unable to obtain the documentation listed above must contact the JSU Financial Aid Office at 601-979-2227 or email at finaid@jsums.edu.
C. **Supplemental Nutrition Assistance Program (SNAP)**

Did the student or any member of the student’s household receive benefits from the Supplemental Nutrition Assistance Program (SNAP) during the calendar year of 2014 or 2015?

(Check Yes or No):  ____ Yes, list name: ___________________________;  ____ No, (continue to Section D)

D. **Child Support Paid**

Did the student or a member of the student’s household pay child support due to a “Court Mandated” requirement in 2015? (Check Yes or No, ___Yes or ___No.) If “Yes”, complete the table below. If No, write “0” in the Amount Paid column below and continue to Section E.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Age of Child</th>
<th>Annual Amount of Child Support Paid in 2015</th>
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</thead>
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</table>

Total Amount of Child Support Paid $  

E. **Certification**

Each person signing this worksheet certifies that all of the information reported on it is correct and complete. **WARNING:** If an individual purposely gives false or misleading information on this worksheet, he/she may be fined, be sentenced to jail, or both.

__________________________________________________________  
(Student’s Contact Phone Number)  
__________________________________________________________  
(Student’s E-Mail Address)  

__________________________________________________________  
(Student’s Street Address - Include Apt. Number)  

__________________________________________________________  
(City)  
__________________________________________________________  
(State)  
__________________________________________________________  
(Zip Code)  

____________________________________________________  
(Student’s Date of Birth)  

____________________________________________________  
(Student’s Social Security Number)  

____________________________________________________  
(Print Student’s Spouse Name - Optional)  

____________________________________________________  
(Student’s Spouse Signature - Optional)  

____________________________________________________  
(Date)  

____________________________________________________  
(Student’s Signature)  

____________________________________________________  
(Date)
F. ALL STUDENTS MUST COMPLETE THE IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE BELOW

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE
(To Be Signed at the Institution)

The student must appear in person at ______________________________ 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 by the institution with the date it was received and reviewed 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 Statement of Educational Purpose provided below.

IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE
(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at ______________________________
(Name of Postsecondary Educational Institution)
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 original Statement of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____________________________________________________ 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 ____________________________________________ for 2016–2017.

(Name of Postsecondary Educational Institution)

__________________________  __________________________
(Student's Signature)  (Date)

__________________________
(Student's ID Number)

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

Notary's certification may vary by State

State of _________________________________________________________________________________________

City/County of ____________________________________________

On __________________, before me, ________________________________,

(Date)  (Notary's name)

personally appeared, ____________________________________________, and proved to me

(Printed name of signer)

on basis of satisfactory evidence of identification_____________________________________________________

(Type of government–issued photo ID provided)

to be the above–named person who signed the foregoing instrument.

WITNESS my hand and official seal

(SEAL)  (Notary signature)

My commission expires on __________________________

(Date)
STUDENT’S NAME: ____________________________________________ J-NUMBER: ____________________

G. Verificación de Identidad y Declaración de Propósito Educativo
(Para ser firmadas en la institución)
El estudiante debe comparecer en persona en _________________________________________ para comprobar
(Nombre de la institución educativa postsecundaria)
su identidad mediante la presentación de una identificación con fotografía (ID) válida emitida por el gobierno,
como una licencia de conducir, otro tipo de identificación emitida por el estado o pasaporte, entre otros. La
institución conservará una copia de la identificación con fotografía del estudiante y anotará en ella la fecha en la
que se recibió y revisó, y el nombre del funcionario de la institución autorizado a recolectar las identificaciones de
los estudiantes. Además, el estudiante debe firmar, en presencia del funcionario de la institución, la Declaración de
Propósito Educativo proporcionada a continuación.

Verificación de Identidad y Declaración de Propósito Educativo
(Para ser firmadas en la presencia de un notario)
Si el estudiante no es capaz de comparecer en persona en _________________________________________ para
comprobar su identidad, debe proporcionar:
(a) Una copia de la de identificación con fotografía (ID) válida emitida por el gobierno, que se reconoce en la
declaración del notario que aparece a continuación, o que se presenta ante un notario, como una licencia de
conducir, otro tipo de identificación emitida por el estado o pasaporte, entre otros; y (b) La Declaración de
Propósito Educativo original proporcionada a continuación debe ser notariada. Si la declaración del notario aparece
en una página separada de la Declaración de Propósito Educativo, se debe indicar de manera clara que la
Declaración de Propósito Educativo era el documento notariado.

Declaración de Propósito Educativo
Certifico que yo, ________________________________________________________________
[Imprimir Nombre del Estudiante]
soy el individuo que firma esta Declaración de Propósito Educativo y que la ayuda financiera federal estudiantil que yo pueda recibir, sólo será utilizada para fines educativos y para pagar el costo de asistir a ___________________________________________ para 2016–2017.
[Imprimir Nombre de Institución Educativa Postsecundaria]

______________________________ ______________________________
[Firma del Estudiante] [la Fecha]

____________________________________________
[Número de Identificación del Estudiante]

NOTARY’S CERTIFICATE OF ACKNOWLEDGEMENT
Notary’s certification may vary by State

State of ________________________________________________________________
City/County of ___________________________________________________________
On ____________________ before me, ___________________________________________,
(Date) (Notary’s name)
personally appeared, ________________________________________________________
(Printed name of signer)
on basis of satisfactory evidence of identification ________________________________
(Type of government-issued photo ID provided)
to be the above-named person who signed the foregoing instrument.
WITNESS my hand and official seal ___________________________________________
(SEAL) (Notary signature)

My commission expires on ____________________
(Date)