

A. DEPENDENT STUDENT'S INFORMATION (PLEASE PRINT)

DEPENDENT CUSTOM - 2013-14

VERIFICATION WORKSHEET (V4)

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP), CHILD SUPPORT PAID, HIGH SCHOOL COMPLETION STATUS AND IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE)

	(STUDENTS LAST NAME)	(STUDENT'S FII	RST NAME)	(J-NUMBER)			
	(CIODENIO EACI NAME)	(OTODENTO TI	(C) IVAIVILY	(0-NOMBER)			
CON	EET ADDRESS (INCLUDE APT. NO.) Y) ITACT PHONE NUMBER (INCLUDE ARE	(STATE) (ZIP CODE) A CODE)	Student Aid processor for a review process JSU will compare the data your spouse's 2012 federal tax form Data Retrieval process or from a sand other IRS documents. The law request this information from you bet if there are differences between your documents, JSU will send correctic Student Aid processor to have your Financial Aid award may be revise your aid from being delayed, complet JSU Financial Aid Office as soon requested information, under the Financial Aid office as soon requested information, under the Financial Aid processor in the same processor in the sa	III '			
Did	your parent(s) pay child support	for children outside of your household i	n 2012?				
 Do not answer "Yes" if child support was paid for children in your parent(s) household. If "Yes", complete the section below if your parent(s) paid child support in 2012. Attach a separate sheet if needed. 							
	NAME OF PERSON	NAME OF PERSON	NAME OF CHILD	AMOUNT OF			
	WHO PAID CHILD SUPPORT	TO WHOM CHILD SUPPORT WAS PAID	FOR WHOM CHILD SUPPORT	CHILD SUPPORT			
			WAS PAID	PAID IN 2012			
	SPRING JACKSON (EXAMPLE)	VERDI LYNCH (EXAMPLE)	SUMMER JACKSON (EXAMPLE)	\$6,000.00			

STUDENT'S	NAME:	 J-NUMBER:	

C. SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP BENEFITS)

On the original FAFSA application you or your parents indicated that in 2011 or 2012 you or your parents or someone in your parent's household received Food Stamps-Supplemental Nutrition Assistance Program (SNAP).

- 1) Did you, your parents or a member of your parent's household receive benefits from the Supplemental Nutrition

 Assistance Program (SNAP), formerly known as Food Stamps, any time during 2011 or 2012?

 Yes
- 2) If the Financial Aid Office believes that the information regarding the receipt of SNAP Benefits is inaccurate, we may require documentation from the agency that issued the SNAP Benefits in 2011 or 2012.

D. HIGH SCHOOL COMPLETION VERIFICATION

You must provide a copy of one of the following documents to indicate your high school completion status to begin college in 2013-2014:

- High school diploma.
- Final official high school transcript that shows the date when the diploma was awarded.
- A copy of your General Educational Development (GED) certificate or GED transcript.
- An academic transcript that indicates that you successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- If State law requires a home schooled student to obtain a secondary school completion credential for home-school (other than a high school diploma or its recognized equivalent), a copy of that credential.
- A transcript or the equivalent, signed by the student's parent or guardian that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a home-school setting as State law requires.

STUDENT'S	NAME: J-NUMBER:			
E. INSTR	RUCTIONS: ALL STUDENTS MUST COMPLETE THE IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE:			
(1)	TO COMPLETE IN PERSON: Bring the Identity and Statement of Educational Purpose below to Jackson State			
	University's Financial Aid Office along with your valid government-issued photo identification, such as but not limited to a			
	driver's license, other state-issued ID or passport.			
	OR			
(2)	UNABLE TO COMPLETE IN PERSON: The Identity and Statement of Educational Purpose (Section G - Page 4) must			
	be completed in the presence of a Notary Public. You must submit the ORIGINAL Identity and Statement of Educational			
	Purpose and a copy of your valid government identification to the Financial Aid Office at Jackson State University.			
F.	IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE 2013-14			
	(To Be Signed at Jackson State University)			
The stude	ent must appear in person at JACKSON STATE UNIVERSITY to verify his or her identity by presenting a valid			
governmen	t-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Jackson			
State Univ	resity 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 th	nat I am the individual signing this (PRINT STUDENT'S NAME)			
Statement	of Educational Purpose and that the federal student financial assistance I may receive only will be used for educational			
purposes a	and to pay the cost of attending JACKSON STATE UNIVERSITY for 2013-2014.			
(OTUDENTO	SIGNATURE) (DATE)			

(STUDENT'S ID NUMBER)

STUDENT'S NAME:			J-NUMBER:		
G.	IDENTITY AND STATE	MENT OF EDUCATI	ONAL PURPOSE		
	2	2013-2014			
	(To Be	Signed With Notary)	ı		
If the student is unable to a	ppear in person at <u>JACKSON</u>	STATE UNIVERSIT	$\underline{\mathbf{Y}}$ to verify his or her identity,	, the student must prov	vide:
(a) A copy of the valid go not limited to, a driver's licen	•		acknowledged in the notary st	atement below, such a	as bu
(b) The original notarized Sta	tement of Educational Purpose	e provided below.			
	STATEMEN'	T OF EDUCATIONAL	_ PURPOSE		
	PRINT STUDENT'S NAME)	, am th	ne individual signing this Staten	nent of Educational Pu	rpose
and that the federal student	financial assistance I may rec	ceive will only be us	sed for educational purposes ar	nd to pay the cost of	
attending JACKSON STATE L	JNIVERSITY 2013-2014.				
		(STUDEN	T'S SIGNATURE)	(DATE)	_
(STUDENT'S ID NUMBER					
,	NOTARY'S CER	RTIFICATE OF ACKN	OWLEDGEMENT		
0	011 (0	,			
State of	City/County	of	on _	(DATE)	,
before me,		personally appeared			and
	ARY'S NAME)		(PRINT NAME OF SI	IGNER)	
provided to me on the basis	of satisfactory evidence of ic	dentification,			
to be the above-named person	on who signed the foregoing	•	YPE OF GOVERNMENT-ISSUED PH	OTO ID PROVIDED)	
WITNESS my hand and offici	al seal				
·	N	otary Signature			
			(NOTARY SIGNATURE)	,	
(SEAL)	N	My commission expire	es on(DATE)		
			(OATE)		
FINANCIAL AID	OFFICE • P. O. BOX 17065	Return To: 5 ● 1400 J. R. LYN	NCH STREET • JACKSON, MS	S 39217-0165	
	OFFICE: 601-979-2227 •		37 • finaid@jsums.edu		