

DEPENDENT CUSTOM VERIFICATION WORKSHEET (V4) - 2014-15

A. STUDENT'S INFORMATION (PLEASE PRINT)

		J
(STUDENT'S LAST NAME)	(STUDENT'S FIRST NAME)	(STUDENT'S J-NUMBER)

Your 2014–2015 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, JSU may ask you to confirm the information reported on your FAFSA. We will compare your FAFSA information with documents requested for verification. You and a parent must complete the verification worksheet, attach required documents and submit them to the Financial Aid Office. If there are differences between your FAFSA data and your financial documents, JSU will send corrections electronically to the Federal Student Aid processor to have your information re-processed. You may contact the Financial Aid Office at 601-979-2227 if you have questions regarding the verification process.

B. STUDENT'S FAMILY HOUSEHOLD AND NUMBER IN COLLEGE INFORMATION

List below the people in your parent's household: You must include:

- Yourself.
- Your parent/s (including stepparent) even if the student doesn't live with the parents.
- Your parents' 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 the children do not live with the parents.
- 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.
- Also, include below information about 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, provide a separate sheet that includes the information, the student's name and J-Number at the top of the page.

FULL NAME	AGE	RELATIONSHIP TO STUDENT	COLLEGE	WILL BE ENROLLED AT LEAST HALF-TIME (YES/NO)
		SELF	JACKSON STATE UNIVERSITY	YES

C. VERIFICATION OF CHILD SUPPORT PAID

Complete this section if one of the parents included in the household in Section B paid child support in 2013. List below:

- The names of the person(s) who paid the child support.
- The names of the person(s) to whom the child support was paid.
- The names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2013 for each child.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

NAME OF PERSON WHO PAID CHILD SUPPORT	NAME OF PERSON TO WHOM CHILD SUPPORT WAS PAID	NAME OF CHILD FOR WHOM SUPPORT WAS PAID	AMOUNT OF CHILD SUPPORT PAID IN 2013

NOTE: If the Financial Aid Office has reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A signed statement from the individual receiving the child support certifying the amount of child support received;
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

D. VERIFICATION OF RECEIPT OF SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) BENEFITS

Below, list the names of individual(s) in the student's parents' household listed in Section B who received SNAP Benefits (formerly known as the Food Stamp Program) sometime during 2012 and/or 2013. For assistance in determining the name of the SNAP program in your state, call 1-800-4FED-AID (1-800-433-3243). Attach separate sheet is needed; indicate student's J-Number at top of page.

(1)	(3)	(5)
(2)	(4)	(6)

NOTE: If the Financial Aid Office has reason to believe that the information regarding the receipt of SNAP Benefits is inaccurate, you may be required to submit documentation from the agency that issued those benefits.

E. HIGH SCHOOL COMPLETION STATUS

Provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2014-2015:

- 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 copy of the student's General Educational Development (GED) certificate, an official GED transcript indicates that the student passed the exam, or a state-authorized high school equivalent certificate.
- 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 from a state where state law requires the 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.
- For a homeschooled student from a state where state law does not require the student to obtain a secondary school completion credential for home school (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 home school setting. A student who is unable to obtain the documentation listed above must contact the Financial Aid Office at 601-979-2227.

STUDENT'S NAME: _____

J-NUMBER: _____

F. CERTIFICATION AND SIGNATURES SECTION

Each person signing this worksheet certifies that all of the information reported on it is correct and complete. The student and one parent must sign and date this page. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

(STUDENT'S CONTACT PHONE NUMBER)

(STUDENT'S E-MAIL ADDRESS)

(STUDENT'S DATE OF BIRTH)

(STUDENT'S STREET ADDRESS (INCLUDE APT. NUMBER))

(CITY)

(STATE)

(ZIP CODE)

(STUDENT'S SIGNATURE)

(STUDENT'S SOCIAL SECURITY NUMBER)

(DATE)

(PRINT STUDENT'S PARENT NAME)

(STUDENT'S PARENT SIGNATURE)

(DATE)

G. ALL STUDENTS MUST COMPLETE THE IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE BELOW:

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.

UNABLE TO COMPLETE IN PERSON: The Identity and Statement of Educational Purpose (Section F) 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.

**IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE
(TO BE SIGNED AT THE INSTITUTION)**

The student must appear in person at _____ to verify his or
(NAME OF POSTSECONDARY EDUCATIONAL INSTITUTION)
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 following English or Spanish Statement:

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose
(PRINT STUDENT'S NAME)
and that the Federal student financial assistance I may receive will only be used for educational purpose
and to pay the cost of attending _____ for 2014-15.
(NAME OF POSTSECONDARY EDUCATIONAL INSTITUTION)

(STUDENT'S SIGNATURE) (DATE) (STUDENT'S ID NUMBER)

DECLARACIÓN DE PROPÓSITO EDUCATIVO

de Finalidad Certifico que yo, _____, soy el individuo que
(IMPRIMIR NOMBRE DEL ESTUDIANTE)
firma esta Declaración de Finalidad Educativa 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 2014-2015.
[IMPRIMIR NOMBRE DE INSTITUCIÓN EDUCATIVA POSTSECUNDARIA]

FIRMA DEL ESTUDIANTE [LA FECHA] [NÚMERO DE IDENTIFICACIÓN DEL ESTUDIANTE]

STUDENT'S NAME: _____

J-NUMBER: _____

H.

**IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE
(TO BE SIGNED WITH NOTARY)**

The student must appear in person at _____ to verify his or her identity
(NAME OF POSTSECONDARY EDUCATIONAL INSTITUTION)

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 following English or Spanish Statement:

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____ am the individual signing this Statement of Educational Purpose

(PRINT STUDENT'S NAME)

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 2014-15.

(NAME OF POSTSECONDARY EDUCATIONAL INSTITUTION)

(STUDENT'S SIGNATURE)

(DATE)

(STUDENT'S ID NUMBER)

DECLARACIÓN DE PROPÓSITO EDUCATIVO

de Finalidad Certifico que yo, _____, soy el individuo que
(IMPRIMIR NOMBRE DEL ESTUDIANTE)

firma esta Declaración de Finalidad Educativa 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 2014-2015.

[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, _____ and proved to me on
(PRINTED NAME OF SIGNER)

the, 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)**

My commission expires on _____
(DATE)

(NOTARY SIGNATURE)