

Your application was selected for review in a process called "verification." In this process, we will be comparing information from your application with selected verification items as deemed required by the US Dept. of Ed. If there are differences between your application information and your financial documents, we may need to make corrections electronically. **Your financial aid will not be processed until verification has been completed; therefore, please provide the required documents as soon as possible to prevent a delay in your financial aid.**

What you should do.....

1. Collect your (and your spouse's) requested documents.
2. Complete and sign the worksheet.
3. Submit the completed worksheet and any other documents requested.

Lawson State Community College must review the requested information under the financial aid program rules (CFR Title 34, Part 668) and make the required changes.

Student Information

Last Name	First Name	M.I.	Student Number (ID number)
Address (include apt. no.)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

Family Information

List the people in your household including:

- yourself and your spouse, if you have one, and
- your children, if you will provide more than half of their support from July 1, 2019, through June 30, 2020, even if they do not live with you, and
- other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2019, through June 30, 2020.

Write your name and the names of all household members in the spaces provided. Also write in the name of the college for any household member, excluding your parent(s), who will be attending at least half time between July 1, 2019, and June 30, 2020, and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

FULL NAME	AGE	RELATIONSHIP	COLLEGE (if enrolled at least half-time)
<i>Missy Jones (example)</i>	<i>18</i>	<i>Sister</i>	<i>Lawson State Community College</i>
		S E L F	

Child Support Paid

Student or spouse, listed in Family Information of this worksheet, paid child support in 2017. The student/spouse has indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the name(s) of the child(ren) for whom child support was paid, and the total annual amount of child support that was paid in 2017 for each child. If requested, I will provide documentation of the payment of child support. *If you need more space, attach a separate page.*

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 2017
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones</i>	<i>\$6,000.00</i>

Verification of SNAP Benefits

I certify that a member of my household, as listed in Family Information of this worksheet, received SNAP benefits in 2017 or 2018. If requested, I will provide documentation of the receipt of SNAP benefits during 2017 and/or 2018.

High School Completion Form attached

Statement of Identity and Educational Purpose attached

Sign this Worksheet: By signing this worksheet, we certify that all the information reported, to qualify for Federal Student aid, is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

Student

Date

Spouse

Date

RETURN FORM TO LAWSON STATE COMMUNITY COLLEGE, STUDENT FINANCIAL SERVICES

Student Information

_____ Last Name	_____ First Name	_____ M.I.	_____ Student Number (ID number)
_____ Address (include apt. no.)			_____ Date of Birth
_____ City	_____ State	_____ Zip Code	_____ Phone Number (include area code)

Please check and provide one of the following documents that indicate your high school completion status when the student will begin college in 2019-2020.

- _____ 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 or GED transcript.
- _____ 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.
- _____ If state law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a school diploma or its recognized equivalent), a copy of that credential.
- _____ If state law does not require a homeschooled 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 list the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

If you are unable to obtain the documentation listed, you must contact the office of Student Financial Services.

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Student

Date

Parent

Date

Lawson State Community College
2019-2020 Identity and Statement of Educational Purpose
Federal Student Aid Programs

V4/V5

Student Information

Last Name First Name M.I.

Student Number (ID number)

Address (include apt. no.)

Date of Birth

City State Zip Code

Phone Number (include area code)

Identity and Statement of Educational Purpose
(To Be Signed at the Institution)

The student must appear in person at Lawson State Community College 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 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 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 Lawson State Community College for 2019-2020.

Student's Signature

Student's ID Number

Date

For FA Officer's Use Only

Signature of Official Receiving ID

Date Received