



# (V4) 2023-2024 Verification Worksheet

**COMPLETE SECTIONS A-C and attach any applicable documentation. You must sign this worksheet. Appear in person and show a Financial Aid staff member your valid government-issued photo ID AND sign the Educational Purpose Statement in the presence of a Financial Aid Staff Member. If you are unable to appear in person, you must appear in front of a notary and have SECTION D completed. Military ID is not acceptable for this form. The Financial Aid Office cannot process your application without this information.**

**FEDERAL STUDENT AID PROGRAMS:** Your application was selected for review in a process called "Verification." In this process, the Financial Aid Office compares information from your FAFSA application with your financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

## A: STUDENT INFORMATION

Last Name:	First Name:	Middle Initial:
Social Security #:	ctlLink ID #:	DOB:

## B: EDUCATIONAL PURPOSE

Completion of this section **MUST BE WITNESSED BY A FINANCIAL AID STAFF MEMBER.**

I certify that I, \_\_\_\_\_ (*print first and last name*) 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 Shoreline Community College for the 2023-2024 school year.

Student Signature:	ctlLink ID #:	Date:
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If you are unable to appear in person, you must appear in front of a notary and complete Section D below.

Witnessing Financial Aid Staff Member's Signature:	Date:
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## C: REQUIRED SIGNATURES

I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge. I agree that I have reviewed, understand and agree to the conditions, responsibilities and obligations in order to receive financial aid for the 2023-2024 academic year as stated in the Conditions of Award and Satisfactory Academic Progress Policy, available on the Financial Aid website.

Student Signature:	Date:
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**D: NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT** *(original hard copy must be mailed in – cannot be faxed or emailed)*

Only applicable if student is not able to appear in person with government issued ID to Financial Aid Office.

State of \_\_\_\_\_, City/County of \_\_\_\_\_

on \_\_\_\_\_ (date), before me, \_\_\_\_\_ (notary's name),

personally appeared, \_\_\_\_\_ (printed name of signer), and provided to me 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 \_\_\_\_\_ (notary signature)

My commission expires on \_\_\_\_\_ (date).

