

Financial Aid Office

2023-2024 Custom Verification Worksheet - V4

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for a review process called *Verification*. In this process, the Financial Aid Office (FAO) will compare information from your FAFSA with the information you provide on this worksheet and other required documents. The law says that before awarding Federal Student Aid we must complete this process and make any necessary corrections to your FAFSA. Complete this form in pen. Incomplete worksheets will not be accepted.

A. Student Information				
Last Name	First Name	M.I.	Social Security 1	Number
Date of Birth	Phone Number (include	ling Area Code)	ctcLink ID Number	
Please select the box th	at applies below and comp	lete the remainder o	of this form accord	dingly:
□ I am a DEPENDENT	student. You WERE requir	ed to provide parenta	l information on th	e FAFSA.
□ I am an INDEPENDE	ENT student. You WERE N	OT required to provid	le parental informa	ation on the FAFSA.
B. Student Identity Verifi	cation & Statement of Educa	tional Purpose:		
	Select one o	ption and complete.		
presenting a valid governother state issued ID; or annotated with the date it	son at the Big Bend Communment-issued photo identific U.S. passport. The institution t was received and the name, I must sign, in the presence	ration (ID), such as, bon will maintain a cope of the official at the	ut not limited to, a by of the student's institution authorize	driver's license; photo ID that is zed to review the
Statement of Education	onal Purpose			
used for educational pr	nal Purpose and that the Fed urposes and to pay the cost of on Institution) for 2023-202	eral student financial of attending	ame), am the indivi assistance I may r	0 0
Student's Signature	Date	FA Official's Sign	ature	 Date

must be mailed to the BBCC Financial Aid office if being notarized – no emailed forms will be accepted Statement of Educational Purpose					
I certify that I, Educational Purpose and that the Federal student financi	(print student's name), am the individual signing this Statement of assistance I may receive will only be used for educational purposes and				
	(Name of Postsecondary Education Institution) for 2023-2024				
Student's Signature Da	nte				
Notary's Certificate of Acknowledgement (Original h	nard copy must be mailed in – cannot be faxed)				
State of City/County of	on				
(date), before me	(notary's				
name) personally appeared	(printed name of student), and provided				
to me on basis of satisfactory evidence of identification to be the above named person who signed the foregoing					
WITNESS my hand and official seal:					
	Notary Public signature				
	My Commission expiration date				
C. Signatures					
aid documents is true and correct. I declare that I responsibilities and obligations in order to receive	the information provided in this application and other financial have reviewed, understand and agree to the conditions, the financial aid for the 2023-2024 academic year as stated in the Progress Policy (available on the financial aid website). The endent) must sign and date.				

Return this form to: