***Big Bend 2024 - 2025 V4***



**COMMUNITY COLLEGE *CUSTOM VERIFICATION***

*Transforming lives through excellence in teaching* & *learning*

**STUDENT SERVICES – FINANCIAL AID**

**Your 2024-2025 application was selected for a review process called *Verification*.** In this process, the Financial Aid Office (FAO) will compare information from your FAFSA/WASFA 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 application. **Complete this form in pen. Incomplete worksheets will not be accepted.**

## A. Student Information

Last Name First Name M.I. Social Security Number

Date of Birth Phone Number (including Area Code) ctcLink ID Number

**Please select the box that applies below and complete the remainder of this form accordingly:**

[ ]  I am a DEPENDENT student. You WERE required to provide parental information on the FAFSA.

[ ]  I am an INDEPENDENT student. You WERE NOT required to provide parental information on the FAFSA.

## B. Student Identity Verification & Statement of Educational Purpose:

*Select one option and complete.*

[ ]  I am appearing in person at the Big Bend Community College Financial Aid Office to verify my 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 U.S. passport. The institution 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 review the student’s ID. In addition, I must sign, in the presence of the institutional official, the following:

### **Statement of Educational Purpose**

I certify that I, (print student’s 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 (Name of Postsecondary Education Institution) for 2024-2025.

Student’s Signature Date FA Official’s Signature Date

[ ]  I am unable to appear in person at Big Bend Community College (BBCC) to verify my identity and provide the Statement of Educational Purpose. I understand I must attach a copy of the valid government-issued photo identification (ID), such as, but not limited to, a driver’s license; other state issued ID; or U.S. passport and provide the Statement of Educational Purpose that is acknowledged in the notary statement below. **NOTE: Any costs incurred acquiring a Notary Public will not be reimbursed by BBCC; original copy of the form 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, (print student’s 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 (Name of Postsecondary Education Institution) for 2024-2025.

 Student’s Signature Date

### **Notary’s Certificate of Acknowledgement (Original hard 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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 Public signature

My Commission expiration date

## C. Signatures

Each person signing this form certifies that all the information provided in this application and other financial aid documents is true and correct. I declare that I have reviewed, understand and agree to the conditions, responsibilities and obligations in order to receive financial aid for the 2024-2025 academic year as stated in the Conditions of Award and Satisfactory Academic Progress Policy (available on the financial aid website). **The student and at least one legal parent (if a dependent) must sign and date.**

Student Signature Date Legal Parent or Spouse Date

*Big Bend Community College does not discriminate on the basis of race, color, national origin, sex, gender, disability, or age in its programs or activities. The following departments have been designated to handle inquiries regarding the non-discrimination policies: Title IX Coordinator, Building 1400, Office 1449 at (509)793-2010 /* *HRoffice@bigbend.edu* *or Accommodation and Accessibility Services Coordinator, Building 1400, Office 1472 at (509)793-2027 /* *aas@bigbend.edu**.*

### **Return this form to:**

**Student Administrative Support Services - Financial Aid • 7662 Chanute Street N.E. • Moses Lake, WA 98837-3299**

**Phone: 509.793.2088 • Fax: 1.888.820.2896 • Email:** **faidinfo@bigbend.edu** **•** [**https://www.bigbend.edu/student-center/financial-aid/**](https://www.bigbend.edu/student-center/financial-aid/)