

2024 - 2025 V4 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		Social Security Number	
Date of Birth	Phone Number (including	g Area Code)	ctcLink ID Number	
Please select the box that	applies below and complet	te the remainder of	f this form accordingly:	
□ I am a DEPENDENT st	udent. You WERE required	to provide parental	information on the FAFSA.	
□ I am an INDEPENDEN	T student. You WERE NOT	required to provide	e parental information on the FA	FSA.
B. Student Identity Verifica	tion & Statement of Educatio	nal Purpose:		
	Select one opti	on and complete.		
presenting a valid government other state issued ID; or U. annotated with the date it v	ent-issued photo identificati S. passport. The institution	ion (ID), such as, bu will maintain a cop f the official at the i	Aid Office to verify my identity at not limited to, a driver's licens by of the student's photo ID that institution authorized to review the ficial, the following:	e; s
Statement of Education	al Purpose			
used for educational purp	Purpose and that the Federa poses and to pay the cost of a Institution) for 2024-2025.	al student financial	me), am the individual signing the assistance I may receive will only (Name of	
Student's Signature	Date	FA Official's Signa	ature Date	

Statement of Educational Purports I certify that I,		_ (print student's name), am the individual signing this State al assistance I may receive will only be used for educational	ement of
to pay the cost of attending		(Name of Postsecondary Education Institution)	for 2024-2025.
Student's Signature	Da		
Notary's Certificate of Acknow	ledgement (Original h	ard 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 pro	vided
to me on basis of satisfactory evid to be the above named person wh	dence of identification o signed the foregoing	instrument. (type of government-issued photo	ID provided)
WITNESS my hand and official s	seal:		_
WITNESS my hand and official s	seal:	Notary Public signature	_
WITNESS my hand and official s	seal:	Notary Public signature My Commission expiration date	_
WITNESS my hand and official s C. Signatures	seal:		-
C. Signatures Each person signing this form aid documents is true and corresponsibilities and obligation	certifies that all the rect. I declare that I as in order to receives factory Academic	My Commission expiration date e information provided in this application and other have reviewed, understand and agree to the condite financial aid for the 2024-2025 academic year as Progress Policy (available on the financial aid web	ions, stated in the

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