2015–2016 Verification Worksheet

LAST NAME: ___________________ FIRST NAME: ___________________ STUDENT ID: _______________

IMPORTANT: The priority deadline for submitting this worksheet and all necessary forms is May 15, 2015.

This form must be submitted in person at Central Washington University-Office of Financial Aid
(or an official CWU University Center).

A. Child Support Paid

Complete this section if the student or spouse, who is a member of the student’s household, paid child support in 2014.

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2014</th>
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Note: You may be required to provide additional documentation:

- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made

B. Receipt of SNAP Benefits

The student certifies that ____________________________, a member of the student’s household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student’s household includes:

- The student.
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2015, through June 30, 2016, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Note: You may be required to provide documentation from the agency that issued the SNAP benefits in 2014.
C. **High School Completion Status**

Provide **one** of the following documents to CWU Admissions that indicates the student’s high school completion status when the student will begin college in 2015–2016:

- 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, an official GED transcript that indicates the student passed the exam, or a state-authorized high school equivalent certificate.
- For students who completed secondary education in a foreign country, a copy of the “secondary school leaving certificate” or other similar document.
- 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.
- For a homeschooled student from a state where state law requires the student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.
- For a homeschooled student from a state where state law does not require the 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 lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.

☐ The student provided high school completion documentation to the CWU Admissions Office.

NOTE: It is possible during Verification and review of your documents that we will determine additional information or documents will be needed to complete the process. We will communicate any such request through your campus e-mail and post the requests on your MyCWU checklist.

D. **Certification and Signature**

By signing below I certify that all of the information reported is complete and correct.

Print Student’s Name ________________________________ Student’s ID Number ________________________________

Student’s Signature (Required) ________________________________ Date ________________________________

*WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.*

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.

*Please see next page for instructions on the final step that must be completed in-person.*
Identity and Statement of Educational Purpose  
(To Be Signed at the Institution)

The student must appear in person at Central Washington University- Office of Financial Aid (or an official CWU University Center) 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 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 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 and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending _____________________________ for 2015-2016.

(Name of Postsecondary Educational Institution)

_________________________________________    _______________
(Student’s Signature)     (Date)

_________________________________________
(Student’s ID Number)

Signed in the presence of: _________________________________________

Print Name of CWU Designee/Staff

_________________________________________    _______________
Signature of CWU Designee/Staff     Date

Copy of original, verified photo identification attached?  ☐ Yes  ☐ No