



2017-2018 VERIFICATION STATUS 4 INDEPENDENT WORKSHEET

Identity and Statement of Educational Purpose

Your 2017–2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

A. Independent Student's Information

Student's Last Name	Student's First Name	Student's M.I.	Student ID #
Student's Street Address (Include Apt. #)		Student's Date of Birth	
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (Include Area Code)		Student's Alternate or Cell Phone Number	

B. Independent Student's Family Information

List below the people in your parent(s)' household and include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2017, through June 30, 2018, or if the child would be required to provide your information if they were completing a FAFSA for 2017–2018. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2018.

Include the name of the college for any household member who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2017, and June 30, 2018.

If more space is needed, attach a separate page with the student's name and student ID # at the top.

Student's Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		<i>Self (Student)</i>	<i>Del Mar College</i>	
Family Members				

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student Name: _____

Student ID #: _____

C. Certification and Signatures

The person signing below certifies that all of the information reported is complete and correct.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to prison, or both.

Student's Signature

Date

*Submit this worksheet to the financial aid administrator at Del Mar College.
Del Mar College is an Equal Opportunity/Affirmative Action Institution*

Del Mar College Financial Aid Services

Email: financialaid@delmar.edu

http://www.delmar.edu/Paying_for_College.aspx

East Campus: Harvin Center - Room 263

Phone: (361) 698-1293

Fax: (361) 698-2017

West Campus: Coleman Center - Room 146

Phone: (361) 698-1726

Fax: (361) 698-2695

Identity and Statement of Educational Purpose

(To Be Signed at the Institution)

The student must appear in person at **Del Mar College** to verify his or her identity by presenting an unexpired valid government-issued photo identification ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational
(Print Student's Name)

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 **Del Mar College** for 2017-2018.

Student's Signature

Date

Student's ID #

Financial Aid Official's Signature

Date

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