



2020 – 2021 VERIFICATION STATUS 4 INDEPENDENT WORKSHEET

A. Student's Information

First Name	MI	Last Name	Student ID Number	
Address (include Apt.#)	City	State	Zip Code	Date of Birth
Primary Phone #	Secondary Phone #	Personal Email		

B. Number of Household Members and Number in College

List below the people in the student's household. Include:

- 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, 2020, through June 30, 2021, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2021.

Include in the space below information about any household member, who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2020, and June 30, 2021, and include the name of the college.

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

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

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. Certifications and Signatures

The student (and, if married) signing below certifies that all the information reported is complete and correct.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature (Required)

Date

Spouse's Signature (Optional)

Date

Del Mar College Financial Aid Services Email: financialaid@delmar.edu http://www.delmar.edu	East Campus: Harvin Center – Rm 263 Phone: (361) 698-1293 Fax: (361) 698-2017	West Campus: Coleman Center – Rm 140 Phone: (361) 698-1726 Fax: (361) 698-2695
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Identity and Statement of Educational Purpose (To Be Completed at the Institution)

Instructions: The student must appear in person at **Del Mar College** to verify their identity by presenting an unexpired 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 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 complete, in the presence of the institutional official, the Statement of Educational Purpose below.

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 **Del Mar College** for 2020-2021.

(Print Student's Name)

Student's Signature (Required)

Date

Student's ID Number

Financial Aid Official'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.***