



2015-2016 VERIFICATION WORKSHEET

V4

STUDENT'S INFORMATION: (Please print)

_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number
_____			_____
Address (include apt. no.)			Date of Birth
_____	_____	_____	_____
City	State	Zip Code	Phone Number (include area code)

SECTION A: Child Support Paid / Received

Did you, your spouse, and/or a parent (if you are classified as Dependent) pay or receive child support to another person during the 2014 calendar year?

() No () Yes

List the total amount of child support paid/received during 2014, to whom this money was paid/received and the name(s) of the child/children For whom the money was paid/received. *Please attach child support transcript from the Attorney General's Office.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for whom Support Was Paid	Amount of Child Support Paid in 2014
Jon Doe	Jane Dole	Jason Doe	\$6000

SECTION B: Receipt of SNAP Benefits Information

In 2014, did you, your parents, or anyone in your/parents' household receive Food Stamps? () No () Yes

If yes, please provide total : 2014 \$_____

Must provide statement from food stamps office.

SECTION C: High School Completion

() Yes, I have either a high school diploma, GED, completed my homeschooling requirements, or completed a 2 year program that is acceptable for full credit towards a bachelor's degree

() No, I do not have a high school diploma or GED, nor have I completed homeschooling requirements.

If the student is unable to obtain the documentation listed above, he or she must contact the financial aid office.

SECTION D: Identity and Statement of Educational Purpose

Please note that the student must complete either Part 1 or Part 2 below. Part 1 must be signed at the Financial Aid Office. Part 2 must be notarized.

Part 1

The student must appear in person at LSCPA 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 Financial Aid Staff at the institution authorized to collect the student's ID. If the student cannot come to the office in person, then this document must be signed in the presence of a Notary. In addition, the student must sign in the presence of the Financial Aid Staff the following:

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that
(Print First/Last Name)
the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending LSCPA for 2015-2016.

To be completed by the LSCPA Financial Aid Office

_____	_____	_____
ID TYPE	ID Number	EXP Date
_____	_____	
Financial Aid Staff	Financial Aid Staff Signature	

If you cannot submit in person, please continue on Part 2.

Part 2 (to be completed only if you cannot turn this document in person)

Must Be Signed in the presence of a Notary

If the student is unable to appear in person at Lamar State College - Port Arthur to verify his or her identity, the student must provide:

- (a) A copy of a valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that the federal
(Print First/Last Name)
student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Lamar State College - Port Arthur for 2015-2016.

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____,

(Date)

(Notary's name)

personally appeared, _____, and provided to me

(Printed name of signer)

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

(seal)

(Notary signature)

My commission expires on _____

SECTION E: Certification and Signatures

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

Printed Student's Name

Date

Student's Signature

Date

Parent Signature (*if dependent Student*)

Date