



2015-2016 Independent Verification Group V4 Worksheet

Your 2015-2016 Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called Verification.

Student Information

Last Name		First Name	Student ID #
Address		Date of Birth	
City	State	Zip	Phone Number

Please complete the following: For all purpose below, the student's household includes:

1. Yourself
2. Your spouse, if you are married
3. Your children, if any, if you will provide more than half of their support and will continue to provide more than half of their support thru June 30, 2016, or if the child would be required to provide your information if they were completing a FAFSA for the 2015-2016. Include children who meet either of these standards, even if they do not live with you.
4. 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 thru June 30, 2016.

A. 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 2013 or 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). **Note:** *If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2013 or 2014.*

B. Child Support Paid: If the student or the student's spouse paid child support in 2014: List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

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

Name of Person Who Paid Child Support	Name of Person To Whom Child Support Was Paid	Name of Child Whom Support Was Paid	Amount of Child Support Paid In 2014

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts



C. Identity/Statement of Educational Purpose

The form must be completed and signed in the presence of either a Lincoln University Financial Aid Administrator or a Notary Public. Do not complete this section in advance.

Name of Student: _____ Student ID#: _____
Last Name First Name M.I.

The student must appear in person at The Lincoln University, Office of Financial Aid to verify his or her identity by presenting 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 The Lincoln University for 2015-2016.
(Print Student's Name)

Student's Signature Date Student's ID Number

If Submitting in Person: Send this form with photocopy of valid government-issued photo ID. To be completed by a Lincoln University Financial Aid Administrator.		If Submitting by Mail: Present this form with original valid government-issued photo ID. To be completed in the presence of a Notary Public.	
ID Type:		State of:	
ID Number:	Exp. Date:	City/County of:	
FAA Name:		This instrument was acknowledged before me on:	
FAA Title:		By:	
FAA Signature:	Date:	Signed:	(Seal)

Notary must list the type of government ID used to document identity: _____

Student's Name _____ ID# _____

D: High School Completion Status

Provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2015-2016. **Please circle the statement that applies to you.**

- A copy of the student's high school diploma is attached.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded is attached.
- 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 is attached.
- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document is attached.
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit towards a bachelor's degree is attached.
- 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 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 is attached.

****A student who is unable to obtain the documentation listed above must contact the Financial Aid Office.****

E. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one person whose information was reported on the FAFSA must sign and date.

Print Student's Name

Student's ID Number

Student's Signature

Date

Spouse's Signature

Date

Please return this worksheet, along with the required documentation to:

**The Lincoln University
Office of Financial Aid
1570 Baltimore Pike
Lincoln University, PA 19352**

If you have any questions, please feel free to contact the Financial Aid Office at (800)-561-2606. Our office hours are 8:30 a.m. to 5:00 p.m., Monday through Friday.