1200 Amburn Road • Texas City, TX 77591 (409) 933-8274 fax (409) 933-8015

V4

2015–2016 Verification worksheet

Your 2015–2016 FAFSA was selected for a process called verification. As required by law, the Office of Financial Aid will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences between your FAFSA and the information provided we may make corrections.

A· <u>Student's Information</u>			
Student's Last Name First Name M.I.	Student's ID Number		
Student's Street Address (include apt. no.)	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· <u>High School Completion Status</u>			
Students must provide one of the following documents to the Admissi will begin college in 2015–2016.	ions Office that indicate the student's high school completion status when the student		
A copy of the high school diploma or a copy of the final official h	high school transcript that shows the date when the diploma was awarded.		
A copy of the student's General Educational Development (GED)	certificate or GED transcript.		
school courses the student completed and documents the success	nscript or the equivalent, signed by the parent or guardian, that lists the secondary sful completion of a secondary school education in a homeschool setting must be will not be eligible for financial aid if the Admissions Office determines that the school ma.		
C· Identity and Statement of Educational Purpose			
IMPORTANT:	To Be Signed at the Institution		
The student must appear in person at COLLEGE OF THE MAINLAND identification (ID), such as, but not limited to, a driver's license, other	to verify his or her identity by presenting a valid government-issued photo state-issued ID, or passport.		
The institution will maintain a copy of the student's photo ID that is a authorized to collect the student's ID. In addition, the student must si	annotated with the date it was received and the name of the official at the institution ign, in the presence of the institutional official, the following:		
I certify that I	am the individual signing this Statement of Educational Purpose		
(Print Student's Name)	am the murriqual signing this statement of impleational purpose		
,	ve will only be used for educational purposes and to pay the cost of attending		

COLLEGE OF THE MAINLAND for 2015-2016.

D. SNAP BENEFITS

-	use certifies that a member of the stud nerly known as the Food Stamp Progra			applemental Nutrition Assistance
Yes- Must	provide documentation of the receip	t of SNAP benefits d	uring 2013 and/or 2014 is	s provided.
No- Does	not apply because no one in househol	ld received this bene	efit.	
E· <u>Child Support</u>				
Complete the	information below if a parent, studer	nt (and/or student's	spouse) paid or received cl	nild support in 2014.
If more space is needed, provide	a separate page that includes the stud	lent's name and ID	number at the top.	
Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid			Amount Paid or Received in 2014
11	11			
Please provide verification docum	nentation, such as:			
-	ttorney General's office, child suppor	t payment checks o	r money order receipts.	
	eement or divorce decree that shows			
A statement from the individ	lual receiving the child support certif	fying the amount of	child support paid.	
F· <u>Certification and Signature</u>			WARNING: If you purposely give false or misleading information you may be fined,	
Each person signing below certifi	both.			
and correct. The student and on	e parent whose information was repo	orted on		
the FAFSA must sign and date.				
Student's Signature		t. 1 t) - ID N 1		Dete
		tudent's ID Number		Date
Parent's Signature (if required)		Date	<u></u>	