

Tabor College 2018-2019 Institutional Verification Worksheet (V4)



IMPORTANT: Your Free Application for Federal Student Aid (FAFSA) was selected for a process called verification by the federal government or Tabor College. The verification process will be conducted by Tabor College in accordance with U.S. Department of Education’s rules 34 CFR, Part 668. Complete all questions on this form and include any documentation required and follow the instructions located in Section D for submission. We will compare your answers to the FAFSA and make any corrections necessary.

By law we have the right to ask for this information before awarding Federal Financial aid.
No further processing will be done until all documentation is provided.

Last Name	First Name	Middle	Social Security Number
Email address		Phone number	

A: CHILD SUPPORT PAID

Please confirm the following for anyone who is living in your household. (Please respond to either the dependent questions or the independent questions – not both)

(Dependents should include information about parents and anyone supported by and living in your parent’s household.)

- DEPENDENTS:* My parents paid child support during the 2016 calendar year (Complete the chart below).
- DEPENDENTS:* My parents **DID NOT** pay child support during the 2016 calendar year.

(Independent student should include information about their spouse and any children they support.)

- INDEPENDENTS:* My spouse or I paid child support during the 2016 calendar year (Complete the chart below).
- INDEPENDENTS:* My spouse or I **DID NOT** pay child support during the 2016 calendar year.

Child Support <u>Paid By:</u>	Child Support <u>Paid To:</u>	Child/Children	Amount of Child Support <u>Paid in 2016</u>
			\$
			\$
			\$
			\$

B. FOOD STAMPS—SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)

Please confirm the following for anyone who is living in your household. (Please respond to either the dependent questions or the independent questions – not both)

(Dependents should include information about their parents as well as anyone living in their parent’s household.)

- DEPENDENTS:* My parents received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2016 calendar year.
- DEPENDENTS:* My parents **DID NOT** received SNAP benefits during the 2016 calendar year.

(Independent student should include information about their spouse as well as any children they support.)

- INDEPENDENTS:* My spouse or I received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2016 calendar year.
- INDEPENDENTS:* My spouse or I **DID NOT** received SNAP benefits during the 2016 calendar year.

****If anyone in your household did receive SNAP Benefits (food stamps), please supply documentation from the agency that issues SNAP benefits.**

C. HIGH SCHOOL COMPLETION STATUS - STUDENT

Please select whichever item describes you:

- I DID graduate from high school and have a high school diploma.
- I DID receive a GED.
- I DID graduate from a home school program.
- I DID NOT receive a high school diploma or its equivalent from any of the above sources.

****If you graduated from high school, home school program or received a GED, please submit official documentation in support of your statement.**

D. IDENTITY/STATEMENT OF EDUCATIONAL PURPOSE (To be completed in front of a Financial Aid Representative or Notary Public)

IMPORTANT: Please read and sign the Statement of Educational Purpose below indicating that the statement and all other information contained on this worksheet is true and correct. **WARNING!** If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to a \$20,000 fine, a prison sentence, or both. By signing this statement, you certify that all the information reported in support of the student’s application for financial aid is complete and accurate.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I (print your name)_____ 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 Tabor College for 2017-2018.

I also certify that I: (check to indicate you have read and understand each statement):

- Am not in default on a federal student loan or have made satisfactory arrangements to repay it,
- Do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- Will notify Tabor College if I default on a federal student loan AND
- Will not receive a Federal Pell Grant from more than one college for the same period of time.

SIGNATURE(S)

By signing this worksheet, I (we) certify that all the information reported to qualify for federal student aid is complete and correct. At least one parent must sign if you are a dependent student.

Student	Date	Parent (or Spouse)	Date
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***DIRECTIONS FOR SUBMISSION OF THIS FORM** (Please read carefully): Present this form in person to the Tabor College Financial Aid Office OR Notary Public along with valid, government-issued photo identification (i.e. driver’s license, state issued photo identification, military identification, or passport). If presenting this document at Tabor College, we will maintain a copy of the photo identification with the date received and name of official authorized to collect the student ID. If presenting this document to a Notary Public, the Notary is to make a copy of the photo identification and notarize that document as well. Both this document and the copy of the photo identification **MUST** be submitted.

NOTARY’S CERTIFICATE OF ACKNOWLEDGEMENT (for those unable to appear in person)

State of _____, City/County of _____

On this date of _____, before me (notary’s name), _____,

Personally appeared (name of person signing this form) _____, and

Provided to me 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 (signature) _____

My commission expires on (date) _____.

Notary publics can typically be found at banking institutions and county government offices such as your local County Clerk.

You should make a copy of this worksheet for your records. Do not mail this worksheet to the Department of Education.

Tabor College
Attn: Financial Aid
400 S Jefferson, Hillsboro, KS 67063-1799
(620) 947-3121 x1726 Fax (620) 947-6276

Tabor College Wichita and Online
Attn: Financial Aid
7348 W 21st ST, Suite 117, Wichita, KS
(316) 729-6333 x2208 Fax (316) 773-5436