Email:Financialaid@coope	r.edu
Email:Financialai	a@coope

2016-2017 Verification Worksheets Dependent Student-Tracking Group V4

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA to verify that you provided correct information. The financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Student's Last Name	Student's First Name	MI	Student's SSN Number	
Student's Street Address (include a	apt. no.)		Student's Date of Birth	
City	State	Zip	Student's Email Address	
Student's Phone Number		Student's Alternate	e or Cell Phone Number	
Parent's Other Informatio	n to Be Verified			
3. Supplemental Nutritional As	ssistance Program			
theck the appropriate box below:				
☐ No one included in the ho	usehold on the FAFSA received SNAP	nanafits in 2014 or 2014	5	
_	led in the household on the FAFSA recei			
One of the persons include of the: If we have reason to believe the	led in the household on the FAFSA receing the information regarding the receipt	ved SNAP benefits in 2		
One of the persons include ote: If we have reason to believe to sued the SNAP benefits in 2014 or	led in the household on the FAFSA receing the information regarding the receipt	ved SNAP benefits in 2	014 or 2015.	
One of the persons include ote: If we have reason to believe to sued the SNAP benefits in 2014 or . Child support paid	led in the household on the FAFSA receing the information regarding the receipt	ved SNAP benefits in 2	014 or 2015.	
One of the persons included the support paid Check the appropriate box below:	led in the household on the FAFSA receing the information regarding the receipt	ved SNAP benefits in 2 of SNAP benefits is ina	014 or 2015.	
One of the persons included to the support paid. Check the appropriate box below: No child support was paid. One (or both) of the students.	led in the household on the FAFSA receive that the information regarding the receipt 2015. I for individuals outside of the household to whom the child support was paid, the	ved SNAP benefits in 2 of SNAP benefits is ina d in 2015. paid child support in 20	014 or 2015.	
One of the persons included lote: If we have reason to believe to issued the SNAP benefits in 2014 or issued the SNAP benefits in 2014 or issued the appropriate box below: No child support was paid One (or both) of the study the names of the persons child support that was paid	led in the household on the FAFSA receive that the information regarding the receipt 2015. I for individuals outside of the household to whom the child support was paid, the	ved SNAP benefits in 2 of SNAP benefits is ina d in 2015. paid child support in 20 names of the children	014 or 2015. ccurate, we may require documentation from the agency the agency that the second of the persons whom paid the child support whom child support was paid, and the total annual amo	
One of the persons included to the support paid. Child support paid. No child support was paid. One (or both) of the study the names of the persons child support that was paid.	led in the household on the FAFSA receive that the information regarding the receipt 2015. If for individuals outside of the household to whom the child support was paid, the d in 2015 for each child.	ved SNAP benefits in 2 of SNAP benefits is ina d in 2015. paid child support in 20 names of the children	on the agency the courage, we may require documentation from the agency the state of the persons whom paid the child support whom child support was paid, and the total annual among Number at the top.	

Student ID:	Email:Financialaid@cooper.edu
Note: If we have reason	to believe that the information regarding child support paid is inaccurate, we may require additional documentation
D. High School Com	pletion Status
Provide one of the follow	ving documents that will indicate the student's high school completion status when the student begins college in 2016-2017:
Check the box of the	document you will attach to this worksheet:
A copy of th	e student's high school diploma.
A copy of th	e student's final official high school transcript that shows the date when the diploma was awarded.
	ficate or transcript received by a student after the student passed a State-authorized examination (GED test, HISET, TASC, or other rized examination) that the State recognizes as the equivalent of a high school diploma.
For student	who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
An academi bachelor's d	c transcript that indicates the student successfully completed at least a two-year program that is acceptable for a full credit towards a egree.
	schooled student in a state where state law requires the student to obtain a secondary school completion credential for homeschooled (other school diploma or its recognized equivalent), a copy of that credential.
homeschool that lists the	schooled student from a state where state law does not require the student to obtain a secondary school completion credential for led (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, secondary school courses the student completed and includes a statement that the student successfully completed a secondary school a homeschooled setting.
Note: A student who is	unable to obtain the documentation listed above must contact the financial aid office.
-	ment of Educational Purpose
	be completed in person at the Institution or in front of a Notary.
The student must app	ear in person at
	(Name of Postsecondary Education Institution)
passport. The institution the office at the institution Education Purpose prov	ty by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state issued ID, or 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 a nauthorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of ided below. If you cannot appear in person to sign this Statement of Educational Purpose, you will need to provide a copy of your and this Statement of Educational Purpose notarized by a notary public.
	Statement of Education Purpose
I certify that I Prin	am the individual signing this Statement of Educational Purpose and that the ted Student's Name
Federal student financia	I assistance I may receive will only be used for educational purposes and to pay the cost of attending
	for 2016-2017.
(Name of Postsecondary	Educational Institution)
Student's Signature	Date

Otrode at ID:		
Student ID:		

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Notary's Certificate of Knowledge

State of	City/County of	on	before me,	(Notary's Name)
Personally appeared,(Printed	and prove I name of signer)	d to me on the basis of sa	tisfactory evidence of	
Identification	ssued photo ID provided) to be the a	above-named person who	signed the foregoing instrum	ent.
Witness my hand and official sea	II(Notary Signature)	_	(Date Commission Expires)	_
(Seal)				
F. Certification and Signatures				
	t certifies that all the information repo ou may be fined, be sentenced to j		correct. WARNING: If you p	urposely give false or misleading
The student and one parent m	nust sign and date.			
Student's Signature		Date		
Parent's Signature		Date		
Do not mail thi	is worksheet to the U.S. Department o You should mak	of Education. Submit this wo ke a copy of this workshee		ninistrator at your school.
		Ī	FOR OFFICE USE ONLY:	
			·	ne following unexpired form of ID: ense or Identification Card
			School Official Printed Nam School Official Signature: _ Date:	