

Office of Student Financial Planning,

K-Dub Hub, Pioneer Hall 285, 100 E. Claflin, Salina, KS 67401

Telephone: (785) 833-4315 **FAX**: (785) 404-1485

${\bf 2023\text{-}24\ Institutional\ VerificationWorksheet-V4\ Dependent}$

(Contact: V4 Group)

			(Contact.	V4_Group)			
				Education for a process called verification. S. Department of Education's rules 34 CFR,			
	We must collect this information before awarding federal Financial Aid. No further processing will be done until all documentation is provided.						
SECT	ION A: STUDEN INFO	RMATION					
Stud	dent Last Name	First	Middle	KWU Student ID # or Social Security Nur	mber Date		
	Student Ema	il address		Student Cell Phone number			
	TION B: STUDENT HIG			ed your 2021 tax information for parents best describes you:	<u>& student)</u>		
	I DID graduate from High	School and have a high sc	hool diploma.	Office Use Only: HS Transcript Ok: Yes or No IF NO: □ HS Transcript Requested from HS □ Dt □ Aid Placed on Hole			
	I DID receive a GED.						
	I DID graduate from a hon	ne school program.		☐ HS Transcript received Dt ☐ HS Transcript Ok: Yes or No			
	I DID NOT receive a high the above sources.	school diploma or its equi	valent from any of				
for do Finan	ocumentation appropria	te to satisfy this fede ou at your KWU ema	ral requiremental account. If ye	eived a GED, your application and admit. If additional documents are needed, to were admitted with 24 or more seme Office of Student Financial Planning.	he Office of Student		
By si		t, I (we) certify th	at all informa	for parents & student) ation reported to qualify for feder the 23-24 FAFSA must sign.	al student aid is		
Stu	udent Signature		Date	Parent Signature	Date		

Parent Contact Information: The Office of Student Financial Planning will use this information to contact the parent to quickly resolve questions to prevent delays in processing your awards. Parent Name: Parent Email Address: Parent Cell Phone: ()

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SECTION D: IDENTITY/ STATEMENT OF EDUCATIONAL PURPOSE

(To be completed in front of a Student Financial Planning Representative or Notary Public)

INSTRUCTIONS FOR SUBMISSION OF THIS FORM: (Please read carefully.)

- **Option 1:** Present this form IN PERSON to the Kansas Wesleyan University Office of Student Financial Planning along with an unexpired valid, government-issued photo identification (i.e. driver's license, state-issued photo identification, military identification, or passport). If you present this form in person to the KWU Office of Student Financial Planning, we will maintain a copy of your government photo identification and date received and name of official who collected it.
- **Option 2:** If you are unable to present this form in person to KWU Office of Student Financial Planning, you MUST SIGN BELOW IN THE PRESENCE OF A NOTARY PUBLIC to have this form notarized. Notary publics can typically be found at banking institutions and government offices such as your local County Clerk.

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 federal fine, a prison sentence, or both. By signing this statement, you certify that all the information reported in and for this student's application for financial aid is complete and accurate.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I		am the individual signing this Statement			
	(Print Student's Name)				
of Educational Purpose and	d that the Federal student	financial assistance I may receive will only be used for			
educational purposes and	to pay the cost of attendin	g Kansas Wesleyan University for 2023-24.			
	,	, ,			
Student Signature	 Date	Student ID Number			
S					
NOTARY'S CERTIFICATE	OF ACKNOWLEDGEMENT	[
	person in the KWU Student Final				
State of, City/County of					
On this date of	, before m	e (notary's name),,			
		·,			
and proved to me on basis of sa	atisfactory evidence of identifica	tion (type of government-issued photo ID provided)			
	to be the a	above-named person who signed the foregoing instrument.			
WITNESS my hand and officia	al seal:				
		My commission expires on:			
N					
Notary Public's Signature		Date			
KWU SFA ONLY:					
Government ID accepted by	<i></i>	Date:			
Attach photocopy of s	student's government Issued ID.				
O Entered on EAA Access-On-	-Line on Date	by Initials			
Attach FAA Access O		_ 0, 111111110			

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