

Office of Financial Aid, Pioneer Hall 190,

100 E. Claflin, Salina, KS 67401

Telephone: (785) 833-4315 *FAX*: (785) 404-1485 *Email*: finaid@kwu.edu

V4 Dependent Institutional Verification Worksheet

IMPORTANT: Your FAFSA was selected by the U.S. Department of Education for a process called verification. The verification process will be conducted by Kansas Wesleyan University in accordance with U.S. Department of Education's rules 34 CFR, Part 668.

We must collect this information before awarding federal Financial Aid. No further processing will be done until all documentation is provided.

am completing FAFSA verification for the term(s): Fall 20			Spring 20	Summer 20	
Student Last Name	First	Middle	KWU Student ID # or Socia	l Security Number	Date
Student Email address			Student Cell Phone number		
SECTION B: SIGNAT					
By signing this workshee complete and correct. A				ty for federal stud	ent aid is
Student Signature		Date	Parent Signature (MUST SIGN IN INK)	Date
The Office of Financial A delays in processing you Parent Name:		rmation to conta	act the parents to quick	kly resolve questior	is to prevent
Parent Email Address:					
Parent Cell Phone: ()				
KWU Office of Financial Aid Of			Data		
Government ID accepted Attach photocop	o by oy of student's governm	ent Issued ID.	Date:	:	
 Entered on FAFSA Part 	ner Portal on Date	hv	Initials		



Office of Financial Aid, Pioneer Hall 190,

100 E. Claflin, Salina, KS 67401

Telephone: (785) 833-4315 *FAX*: (785) 404-1485 *Email*: finaid@kwu.edu

SECTION C: IDENTITY VERIFICATION / STATEMENT OF EDUCATIONAL PURPOSE

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

Option 1: Present this form IN PERSON to the Kansas Wesleyan University Office of Financial Aid along with an unexpired valid, government-issued photo identification (i.e. driver's license, state-issued photo identification, military identification, or passport). When you present this form to the KWU Office of Financial Aid, we will take a copy of your government photo identification and date received and name of the official who collected it.

Option 2: If you are unable to present this form in person to KWU Office of Financial Aid, 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				
	(Student Printed Name)				
•		ancial assistance I may receive will only be used for			
educational purposes and	to pay the cost of attending K	Cansas Wesleyan University for the academic year of			
this verification.					
Student Signature	Date	Student ID Number			
NOTARY'S CERTIFICATE OF AC	KNOWI FDGFMFNT				
	person in the KWU Office of Financ	ial Aid)			
State of	, City/County	of			
On this date of	, before me (notary's name),,				
personally appeared (name of	person signing this form)				
and proved to me on basis of s	atisfactory evidence of identificatic	on (type of government-issued photo ID provided)			
	to be the abo	ve-named person who signed the foregoing instrument.			
WITNESS my hand and official					
vviivess my nama and omeiar.	,cui.				
		My commission expires on:			
Notary Public's Signature		 Date			
Notary Public's Signature		Date			