

Office of Financial Aid, Pioneer Hall 190,

100 E. Claflin, Salina, KS 67401

V4 Independent 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.

SECTION A: STUDEN			Carina 20	Cummar 20	
am completing FAFSA ve	rincation for the te	1111(S). Fall 20_	Spring 20	Summer 20_	
Student Last Name	First	Middle	KWU Student ID # or Soci	al Security Number	Date
Student Email address			Student Cell Phone number		
ECTION B: SIGNAT	URES .				
y signing this workshee		nat all informat	tion reported to qual	ify for federal stud	lent aid is
complete and correct.					
Student Signature			Date		
Student's Spouse Signature (If required)			Date		
KWU Office of Financial Aid Office Government ID accepted			Date	2:	
	y of student's governm	ent Issued ID.			
 Entered on FAFSA Partner Portal on Date by Ini Attach FAFSA Partner Portal print-out. 			Initials		



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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)		
•		assistance I may receive will only be used fo	
educational purposes and to pa	y the cost of attending Kansas	Wesleyan University for the academic year	
this verification.			
Student Signature	Date	Student ID Number	
NOTARY'S CERTIFICATE OF ACKNOW			
(for those unable to appear in person	in the KWU Office of Financial Aid)		
State of	, City/County of		
On this date of	, before me (notary's name),,		
personally appeared (name of person	n signing this form)	<i>_</i>	
and proved to me on basis of satisfac	ctory evidence of identification (type	of government-issued photo ID provided)	
	to be the above-nam	ed person who signed the foregoing instrument.	
WITNESS my hand and official seal:			
		My commission expires on:	
Notary Public's Signature		Date	