

Financial Aid and Scholarships

# 2017-2018 Verification Worksheet

Independent - Custom Verification Group (V4)

□ Extended University

17-18/25

Student Last Name	Student First Name	MI	CSUCI ID Number	Student Phone Number

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid & Scholarships office. We may also ask for additional information upon further review. If you have special circumstances or require further instructions, please contact our office at (805) 437-8530 or financial.aid@csuci.edu.

## DO NOT SUBMIT THIS FORM UNLESS IT WAS REQUESTED FROM OUR OFFICE.

## A. High School Completion Status

Please check the box (ONLY ONE) that indicates your high school completion status:

## High School Diploma

- Please submit:
- o Copy of the student's high school diploma; or
- Copy of the student's final high school transcript that shows the date when the diploma was awarded

### State Certificate

Please submit:

o Copy of the certificate the student received after passing a state-authorized examination, which the state recognizes as the equivalent of a high school diploma

#### Home Schooled Student

Please submit:

• A transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student has completed and documentation that the student has successfully completed secondary school education

#### GED Completion

Please submit:

- Copy of the student's GED Certificate; or
- Copy of the student's GED transcript



## Two-Year Program Completion

Please submit:

• Copy of the student's academic transcript that indicates the student has completed at least a two-year program that is acceptable for full credit toward a bachelor's degree

Former member of the military who is unable to obtain other high school completion status documentation Please submit:

 DD Form 214: Certificate of Release or Discharge from Active Duty indicating you are a high school graduate or equivalent

**NOTE:** If the student is unable to obtain the documentation requested to support their high school completion status, or, you have provided this information in a prior year, he or she must contact the financial aid office.

#### **B.** Documentation of Identity / Statement of Educational Purpose

In order to complete the verification process, you will need to appear in person at the CSU Channel Islands Financial Aid & Scholarships office and present your unexpired government issued ID (such as a driver's license, military ID, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date.

	Statement of Edu	cational P	urpose				
I certify that I,(Print Student's	, am the individual signing this Statement of Educational Purpose and that the federal t's Name)						
student financial assistance I may receive wi	Il only be used for educational	purposes to p	oay the cost of attendin	g CSU Channel Islands for 2017-2018.			
Student Signature		Date	Sti	udent's ID Number			
Financial Aid Administrator Signature		Date					
	Notary's Certifica	te of Knov	vledge				
If you cannot appear in person to subm worksheet notarized by a public notary	•	eed to prov	ide a copy of your go	overnment issued ID and this			
State of	City/County of			on			
before me	personally appeared			and proved to me on the basis of			
(Notary's Name)		(Printed	name of signer)	—			
satisfactory evidence of identification,			, to be the above-nar	ned person who signed the foregoing			
(	Type of government-issued photo I	D provided)					
WITNESS my hand and official seal							
	(Notary Signature)		(Date commission	expires)			
				(seal)			
<u><b>C. Certification and Signature</b></u> The student must sign and date below	Fach person signing this wo	rksheet cert	ifies that all of the inf	formation reported on this form			

The student must sign and date below. Each person signing this worksheet certifies that all of the information reported on this forn is true and accurate to the best of their knowledge.

Student Signature

Date

**WARNING:** If you purposely give false or misleading information on this form, you may be fined, sentenced to jail, or both.

## PLEASE RETURN THIS FORM TO THE CSU CHANNEL ISLANDS FINANCIAL AID & SCHOLARSHIPS OFFICE