



2016-2017 VERIFICATION WORKSHEET

V4

STUDENT'S INFORMATION: *(Please print)*

Last Name	First Name	M.I.	Social Security Number
Address (include apt. no.)			Date of Birth
City	State	Zip Code	Phone Number (include area code)

SECTION A: Child Support Paid / Received

Did you, your spouse, and/or a parent (if you are classified as Dependent) pay or receive child support to another person during the 2015 calendar year? () No () Yes

List the total amount of child support paid/received during 2015, to whom this money was paid/received and the name(s) of the child/children for whom the money was paid/received. *Please attach child support transcript from the Attorney General's Office.*

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for whom Support Was Paid	Amount of Child Support Paid in 2015
<i>Jon Doe</i>	<i>Jane Dole</i>	<i>Jason Doe</i>	<i>\$6000</i>

SECTION B: Receipt of SNAP Benefits Information

In 2015, did you, your parents, or anyone in your/parents' household receive Food Stamps? () No () Yes

If yes, please provide total for 2015 \$_____

Must provide statement from food stamps office.

SECTION C: High School Completion

() Yes, I have either a high school diploma, GED, completed my homeschooling requirements, or completed a 2 year program that is acceptable for full credit towards a bachelor's degree. **You must provide documentation.**

() No, I do not have a high school diploma or GED, nor have I completed homeschooling requirements.

If the student is unable to obtain the documentation listed above, he or she must contact the financial aid office.

SECTION D: Certification and Signatures

You (spouse signature optional) must sign below certifying the accuracy of the information provided on this form. If you were required to provide parental information, at least one of your parents must also sign below certifying the accuracy of the information provided on this form.

Lamar State College Port Arthur is an equal opportunity/affirmative action educational institution and employer. I give permission for corrections to be made to the FAFSA by the LSCPA Financial Aid Office.

I (we) certify that all of the information on this form is completed and correct.

Student's Signature	Date	Father's (Stepfather's) Signature	Date
Spouse's Signature	Date	Mother's (Stepmother's) Signature	Date

SECTION E. Identity and Statement of Educational Purpose

Please note that the student must complete either Part 1 or Part 2 below. Part 1 must be signed at the Financial Aid Office. Part 2 must be notarized.

Part 1

The student must appear in person at LSCPA to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the Financial Aid Staff at the institution authorized to collect the student's ID. If the student cannot come to the office in person, then this document must be signed in the presence of a Notary. In addition, the student must sign in the presence of the Financial Aid Staff the following:

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that
(Printed Student's Name)
the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Lamar State College Port Arthur for 2016-2017.

Student's Signature Date

To be completed by LSCPA Financial Aid Office

_____	_____	_____
ID TYPE	ID Number	EXP Date
_____	_____	
Financial Aid Staff	Financial Aid Staff Signature	

Part 2 (To be completed only if you cannot turn this document in person)

Must Be Signed in the presence of a Notary

If the student is unable to appear in person at Lamar State College Port Arthur to verify his or her identity, the student must provide:

- (a) A copy of a valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; **and**
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose and that
(Printed Student's Name)
the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Lamar State College Port Arthur for 2016-2017.

(Student's Signature) (Date) (Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____, personally appeared,
(Date) (Notary's name)

_____, and proved to me on basis of satisfactory evidence of identification
(Printed name of signer)

_____ to be the above-named person who signed the foregoing instrument.
(Type of government-issued photo ID provided)

WITNESS my hand and official seal

(seal) _____
(Notary signature)

My commission expires on _____