

## 2021-2022 HS Status/Educational Purpose Dependent

(V4)

Mail: Saint Martin's University Student Financial Services Office 5000 Abbey Way SE Lacey, WA 98503 P: (360) 438-4397

F: (360) 412-6190

Your application has been selected for review in a process called "Verification". In this process, the information from your Free Application for Federal Student Aid (FAFSA) will be compared with your and your family's actual information as well as other documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent <u>must complete all sections of this worksheet</u>, attach all required documents and return them to the Student Financial Services Office.

STUDENT INFORMATION

Last Name	First Name	M.I.	SMU ID Number
Address (include apartment number)			Date of Birth
City	State	Zip	Phone number (include area code)
	HIGH SCHOOL C	OMPLETION STAT	rus
			of your high school diploma, final transcript ult of passing a State-authorized examination)
IDEN	TITY/EDUCATION	NAL PURPOSE STA	TEMENT
You <u>MUST</u> appear in the Student l (driver's license, non-driver's license		in person and present a	valid government-issued photo identification
In addition, you will be required to si	gn a <b>Statement of Educa</b>	tional Purpose <u>WHEN Y</u>	OU ARE IN THE SFS OFFICE.
	CERTIFICATION	NS AND SIGNATUR	RES
have read and agree to comply with	all verification policies a	s stated by the University.	and correct. I/We also acknowledge that I/w.  Failure to submit information in a timely ation and no federal aid for the academic year
Student	Date	Parent	Date