

# **HS Status/Educational Purpose Dependent (V4)**

## Academic Year 2023-2024

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</u> sections of this worksheet, attach all required documents. and return them to the Office of Financial Aid.

### STUDENT INFORMATION

Student Last Name	Student First	Middle Initial	Student ID Number
Last Name	First Name	M.I.	SMU ID Number
Ex: 123 Hoop St Apt 37E			Date of Birth
Address (include apartment number) Hampton	WA	96785	Student Phone Number
City	State	Zip	Phone number (include area code)

### IDENTITY/EDUCATIONAL PURPOSE STATEMENT

You <u>MUST</u> appear in the Office of Financial Aid in person and present a valid government-issued photo identification (driver's license, non-driver's license document, or passport).

In addition, you will be required to sign a Statement of Educational Purpose WHEN YOU ARE IN THE FA OFFICE.

### CERTIFICATIONS AND SIGNATURES

By signing this worksheet, I/we certify that all of the information reported is complete and correct. I/We also acknowledge that I/we have read and agree to comply with all verification policies as stated by the University. Failure to submit information in a timely fashion may result in the application being filed as inactive with no further consideration and no federal aid for the academic year. Student and parent must sign:

Student Signature	Date	Parent/Guardian Signature	Date
Student	Date	Parent/Guardian	Date





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STUDENT INFORMATION							
Last Name	First Name	M.I.	SMU ID Number				
Address (include apartmen	number)		Date of Birth				
City	State	Zip	Phone number (inc	clude area code)			
	IDENTITY/EDUCATIO	NAL PURPOSE STA	ATEMENT				
non-driver's license document	ed to sign a <b>Statement of Educa</b>			OFFICE.			
	CERTIFICATION	NS AND SIGNATUR	RES				
have read and agree to compl	we certify that all of the informa y with all verification policies a plication being filed as inactive	s stated by the University	7. Failure to submit info	ormation in a time			
Student	Date	Parent/O	Guardian	Date			



Scan the QR Code below to turn in your documents via Secure Drop Box