

HS Status/Educational Purpose Independent (V4) Academic Year 2023-2024

Y[~|Aej] |ãæã } Á@ Áá^^} Á^Á^&cáÁf |Á^çá. Áj ÁæÁ || &•• Áæá^áÁ% |ãæã } +ÉQÁ@Á || &•• É@Áj f{| æã } Á+{| Á ^[~|ÁÇ^ÁÇ] |ãæã } Áf |ÁÇ^á^á^ÁUç á^} oÁæÁÇÇÉUÇÉÁ q|Áæ^Á&{|] æ^áÁ æ@ [~|Áæj á^ q Áæç æ^Á æ f{| æã } Áæ Á ^||Áæ Á @:|Áá [& { ^ } o ÉQÁ@:|^Áæ^Áá~^|) &• ÉÁ [~|ÁÇÉUÇÉÁ f{| æã } Á æ Á^áÁ Á^Á&||^&cáÉÁ Y[~|Áæj áÁ [~|Á^] [~^ÁÇÁæ] |ãæã } Dá i qhVá d`Yh`U`gWVjcbg`cZH Jg`k`cf`_gl`YYZUHTUM`U``fYei JfYX`XcW`a`Ybfg` UbX`fYi`fb`h`Ya`hc`h`YCZVW`cZ: JbUbVU`5`jX"

STUDENT INFORMATION

Student Last Name	Student First Name	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)	WA	96785	Date of Birth
City	State	Zip	Student Phone Number
			Phone number (include area code)

IDENTITY/EDUCATIONAL PURPOSE STATEMENT

You **MUST** 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 must sign:

Student Signature	Date	Spouse Signature	Date
Student	Date	Spouse (if applicable)	Date



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

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

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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 you 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 your spouse (if applicable) **must complete all sections of this worksheet, attach all required documents and return them to the Office of Financial Aid.**

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)

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