South Louisiana Community College
Office of Financial Aid
1101 Bertrand Drive
Lafayette, LA 70506
337-521-9621
337-521-8992 (Fax)

2016-2017 Statement of Purpose Verification Worksheet (V4)

Your FAFSA was selected for review in a process called “Verification.” In this process South Louisiana Community College is required to compare information from your FAFSA with other documentation such as an official IRS Tax Return Transcript for you and your parent(s). If you and/or your parent(s) were not required to file a federal tax return you must submit copies of any W-2 forms or earnings statements. The law says we have a right to ask you for this information before awarding federal aid. If there are differences between your FAFSA and your financial documents we may need to send corrections electronically to have your information reprocessed.

WHAT YOU SHOULD DO

☐ Complete this worksheet. All SECTIONS MUST BE FILLED IN.
☐ Send or bring the completed worksheet to the Financial Aid Office at South Louisiana Community College.

We must review the requested information under the financial aid program rules (CFR Title 34, Part 668).

Student Information

Name ___________________________________________ Student ID# ___________________________

Mailing Address: (P.O. Box): ________________________________________________________________

City: __________________________ State: ____________________________ Zip: __________________________

Home Phone: (_____) ___________________________ Cell Phone: (_____) _________________________

Statement of Educational Purpose

I certify that I, ____________________________________________________, am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending South Louisiana Community College.

Student Signature ___________________________________________ Date _________________________

Must be signed in person or by notary if unable to come in person

High School or Equivalent Completion

_________ Student has submitted a final high school transcript or other documentation to South Louisiana Community College that shows evidence of graduation or proof of equivalent from an accredited high school or educational institutions. (Attach a copy from Admissions Office)

Student Signature ___________________________________________ Date _________________________

Proof of Identity

_________ Student has shown proof of identity in the form of photo identification such as a driver’s license or passport. (Attach a copy of photo identification).

Financial Aid Office Representative Signature ___________________________ Date _________________________
## Additional Information

Be sure to enter zeros if no funds were paid.

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of annual Child Support paid</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Child Support paid to

Name(s) of Eligible Child(ren)
If you need more space, attach a separate page.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you receive Food Stamps-Supplemental Nutrition Assistance Program (SNAP)?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

Be sure all items listed below are completed and checked off before submission.

- [ ] A value has been entered for every blank
- [ ] Student and/or parent(s) have signed the Verification Worksheet

---

### Notary’s Certificate of Acknowledgement (if applicable)

State of ________________________________________________________________

City/County of ____________________________________________________________

On _______________________________________, before me, ____________________________

(Notary name)

Personally appeared, ________________________________________________________,

(Printed name of signer) and provided to me on basis of satisfactory evidence of identification

(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

**Witness my hand and official seal** (seal)

______________________________________________________________

(Notary Signature)

My Commission expires on ____________________________________________

(Date)

---

### Sign This Worksheet

By signing this worksheet, we certify the information reported is complete and correct. At least one parent must sign.

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

Student Signature________________________________________________________ Date_________________________

Parent/Spouse Signature____________________________________________________ Date_________________________