



2016-2017
Aggregate
Verification Worksheet

IN17V5

DOCUMENTS MUST BE ORIGINAL – NO COPIES/FAXES ACCEPTED

PLEASE DO NOT LEAVE ANY LINE BLANK.

If a question does not apply to you enter \$0 or N/A. **Incomplete forms will not be processed.**

A. Student Information

Last Name	First Name	M.I.	G00	Student ID #
Mailing Address			Phone	

B. Student Family Information

List below the people in your household. Include:

- Yourself
- Your spouse, if you are married the day you filed the FAFSA.
- Your dependent children if you will provide more than half of their support from July 1, 2016 through June 30, 2017.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support from July 1, 2016 through June 30, 2017.

Full Name	Age	Relationship	College Enter Post Secondary Institution if household member is attending (Do not include parents)	Enrolled at least half-time?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

• State College of Florida, Office of Financial Aid Services • 5840 26th Street West, Bradenton, FL 34207
 • (Phone) 941.752.5037 • (Fax) 941.727.6179 • Email: askfinaid@scf.edu • Web: www.scf.edu

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C. Child Support Paid- Calendar Year 2015

Per Federal Regulation you cannot include the same child in sections B & C.

Did you or your spouse pay child support during calendar year 2015?

YES... complete the table below and continue to SECTION D

NO...continue to SECTION D

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid <i>(Cannot include in Section B)</i>	Amount of Child Support Paid in 2015
<i>Marty Jones(example)</i>	<i>Chris Smith (example)</i>	<i>Terry Jones(example)</i>	<i>\$6,000.00</i>

D. Supplemental Nutrition Assistance Program (SNAP) Benefits for 2015

Did one of the persons listed in Section B of this worksheet receive SNAP benefits during the calendar year 2015?

YES

NO

E. Confirmation of Student Identity

You **must appear in person** at State College of Florida to verify your identity by presenting a copy of 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 your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

- Copy of driver’s license
- Copy of US Passport
- Certificate of Naturalization
- Other official government issued ID

For Office Use Only:

Type of Document:

Document Verified by:

Date Document Received:

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F. Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational
(Print Student's Name)

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 The State College of Florida for 2016-2017.

G. High School Completion Status – Educational Records must complete this section:

Please indicate which one of the following documents was provided to Educational Records to verify high school completion status for the 2016–2017 academic year.

- Final official high school transcript that indicates the student's graduation date.
- General Educational Development (GED) certificate or GED transcript with acceptable GED scores.
- An official college transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- International Evaluation Credentials showing equivalency of U.S. high school graduation.
- Other : _____

For Office Use Only:

Type of Document:

Document Verified by:

Date Document Received:

H. Certification

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.
The student (**must sign in person or notarize the document**) must sign and date.

Student's Signature

Date

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

For Office Use Only:

FA Counselor Initials

Date Received

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I. Notary

THIS DOCUMENT MUST BE NOTARIZED UNLESS YOU COMPLETED SECTION D IN THE OFFICE OF FINANCIAL AID SERVICES. PLEASE ATTACH A COPY OF THE VIEWED IDENTIFICATION.

State of _____

City/County of _____

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

Personally appeared, _____, and proved to me on basis of satisfactory
(Printed name of signer)

Evidence of identification _____ to be the above-named
(Type of government-issued photo ID provided)

Person who signed the foregoing instrument.

WITNESS my hand and official seal

(Notary Signature)

My commission expires on _____
(Date)

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