CHAMBERLAIN COLLEGE of NURSING National Management Office | 3005 Highland Parkway, Downers Grove, IL 60515 | 888.556.8226 | chamberlain.edu Please visit chamberlain.edu/locations for location specific address, phone and fax information.



2014-2015 VERIFICATION OF PERSONAL ASSETS STUDENT

Your 2014-2015 Free Application for Federal Student Aid (FAFSA) has been selected for the federal verification process. You are required to complete and submit this form to Student Finance. Student Finance will compare information from your FAFSA with the information on this form and other documentation that you may be required to submit. Student Finance may make electronic corrections to your application as a result of the verification process, which may result in changes to your financial aid awards.

A. Student Information

Student Name	Student ID (D#)		
Address	City	State	Zip
Home Phone	Cell Phone		

Email Address

B. Personal Asset Information

Please provide the requested information below. Information provided should be accurate as of the date you first submitted your 2014-2015 FAFSA. Do not leave any line blank. If the appropriate value is zero, please write "0" within the space provided.

Cash, Savings and Checking Accounts	S	
Value must include the total amount of funds you have in cash, and personal savings and checking accounts		
Investments	\$	
Investments include real estate (do not include the home you live in), trust funds, money market funds, mutual funds, certificates of deposit, stocks, stock options, bonds, college savings plans and other securities. They do not include the home you live in, the value of life insurance, retirement plans, prepaid tuition plans, cash, personal savings and checking accounts.		
Business and/or Investment Farms	\$	
Value must include net worth of land, buildings, machinery, equipment, inventory and other business holdings. Do not include a family farm or family business with 100 or fewer full-time or full-time-equivalent employees. (Net worth is calculated as the market value less any outstanding debt.).		

C. Certification Statement

Read the certification statement below and provide the required signature.

I hereby certify that all information provided on this verification form is true and correct to the best of my knowledge. I understand this information will be used to verify the data submitted on the Free Application for Federal Student Aid (FAFSA). I, the student, realize my eligibility for financial aid is not finalized until all requested documents have been received and reviewed by Student Finance.

Student Signature

Date

Comprehensive consumer information is available at chamberlain.edu/studentconsumerinfo

FOR ARLINGTON CAMPUS STUDENTS:

Chamberlain College of Nursing, 2450 Crystal Drive, Arlington, VA 22202, is certified to operate by the State Council of Higher Education for Virginia, 101 N. 14th Street, 10th Floor, James Monroe Building, Richmond, VA 23219, 804.225.2600. Chamberlain College of Nursing has provisional approval from the Virginia Board of Nursing, Perimeter Center, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233-1463, 804.367.4515.