Federal Student Aid Programs
2016-2017 VERIFICATION WORKSHEET [V4]

Your application was selected for review by the U.S. Department of Education in a process called 'verification'. This process requires Xavier University by federal law [34 CFR, Part 668] to compare the information from your FAFSA with the information provided on this form. If there are differences between your application and the documents you’ve submitted, a staff member in the Office of Student Financial Assistance will make corrections. We cannot process your financial aid award until verification has been completed. Please provide the required documents as soon as possible.

**WHAT YOU SHOULD DO**

1. Complete each section, gather required documents, and sign the worksheet.

2. Return the completed worksheet to the Office of Student Financial Assistance, Xavier University:
   - Mail: 3800 Victory Parkway, Cincinnati, OH 45207-5111
   - Fax: 513-745-2806
   - Email: xufinaid@xavier.edu

3. Xavier will review the information on this worksheet and make corrections if necessary. If you have questions about completing this worksheet, please contact us at 513-745-3142.

**A  STUDENT INFORMATION [PLEASE PRINT]**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Xavier ID/SSN</th>
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<thead>
<tr>
<th>Address [include apt. #]</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Student Email Address</th>
<th>Daytime Phone [include area code]</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Parent Email Address</th>
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**B  CHILD SUPPORT**

During 2015 was child support paid by any member of the household (as reported on the FAFSA)? ☐ No ☐ Yes*

*If yes:

Name of household member who paid support ___________________________

Amount of child support paid in 2015: $ _____________________________

Name of person to whom child support was paid in 2015:____________________

Name of child(ren) for whom child support was paid in 2015:** ______________________

** Children listed should not be included in the FAFSA for number in the household.
## C SNAP BENEFITS

Did anyone in the household (as reported on the FAFSA) receive SNAP benefits during 2014 or 2015? ☐ No ☐ Yes*

*If yes please provide a copy of the 2014 and/or 2015 SNAP award letter or printout of SNAP benefits. Make sure the statement includes the name of the individual receiving the benefits.

## D HIGH SCHOOL COMPLETION

Provide one of the following documents that indicate the student’s high school completion status (check which is attached):

- ☐ A copy of the student’s diploma.
- ☐ A copy of the student’s final official high school transcript that shows the date when the diploma was awarded.
- ☐ A copy of the student’s GED certificate or transcript.
- ☐ If state law requires a home-schooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or recognized equivalent), a copy of that credential.
- ☐ If state law does not require a home-schooled student to obtain a secondary school completion credential for homeschool, a transcript or the equivalent, signed by the student’s parent or guardian that lists the secondary school courses the student completed & documents the successful completion of a secondary school education in a homeschool setting.

## E IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE

Students may choose either option a or b (see page 3) based on whether or not they are able to come into the Office of Student Financial Assistance in person.

### a. To Be Signed at Xavier

1. The student must appear in person at Xavier University (Office of Student Financial Assistance) to verify his or her identity by presenting a 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 the student’s 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.

   In addition, the student must sign, in the presence of the institutional official, the following:

   **Statement of Educational Purpose**

   I certify that I ______________________________ am the individual signing this Statement of Student’s Name [print]

   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 Xavier University for 2016-2017.

   ______________________________

   Student Signature

   ______________________________

   Date
b. To Be Signed in Front of a Notary
   i. If the student is unable to appear in person at Xavier University (Office of Student Financial Assistance) to verify his or her identity, the student must provide (a) a copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver’s license, other state-issued ID, or passport, and (b) the original notarized Statement of Education Purpose provided below.

   **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 Xavier University for 2016-2017.

   ________________________________  ________________________________

   Student Signature                      Date

   **Notary’s Certificate of Acknowledgement**

   State of ___________________________    City/County of ___________________________

   On ___________________________, before me, ___________________________,
   Date                                                                                     Notary's Name

   personally appeared, ___________________________, and provided to me on the basis of
   Name of Signer [printed]

   satisfactory evidence of identification ___________________________ to the above-named
   Type of Government Issued Photo ID Provided

   person who signed the foregoing instrument.

   WITNESS my hand and official seal

   (seal)

   ________________________________

   Notary Signature
By signing this worksheet, I [we] certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Date</th>
<th>Parent Signature [dependent students only]</th>
<th>Date</th>
</tr>
</thead>
</table>

Office of Student
Financial Assistance
3800 Victory Parkway
Cincinnati, Ohio  45207-5111
Phone 513-745-3142
Fax 513-745-2806
Email xufinaid@xavier.edu
www.xavier.edu/financial-aid