

# 2016-2017 Identity/Statement of Educational Purpose Worksheet Dependent Student

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your parents reported on your FAFSA. To verify that you provided correct information, the Student Financial Services (SFS) Office staff will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the SFS Office. Clarion may ask for additional information.

## A. Dependent Student’s Information

Student’s Last Name	Student’s First Name	Student’s M.I.	Student’s Clarion ID Number
Student’s Street Address (include apt. no.)			Student’s Date of Birth
City	State	Zip Code	Student’s Alternate or Cell Phone Number
Student’s Home Phone Number (include area code)			

## B. Parent’s Information to Be Verified

1. Complete this section if someone in your parent’s household (see household definition below) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The parent(s) household includes:

- The student.
- The parent(s) (including a stepparent) even if the student doesn’t live with the parents.
- The parent(s)’ other children if the parents will provide more than half of the child’s support from July 1, 2016, through June 30, 2017, or if the other children would be required to provide parental information if they were completing a FAFSA for 2016-2017. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the parents and the parents provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

- The parent(s) certify that \_\_\_\_\_, a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program (SNAP) sometime during 2014 or 2015.
- No one in the parents' household received SNAP benefits in either 2014 or 2015.

2. Complete this section if one of your parents, or you paid child support in 2015.

If one or both of the parents included in the household and/or the student paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2015
<i>Marty Jones</i>	<i>Chris Smith (example)</i>	<i>Terry Jones (Age 15)</i>	<i>\$6,000.00</i>
Total Amount of Child Support Paid			\$

**C. Student's Information to Be Verified**-Please only complete ONE Statement of Educational Purpose. You may either complete the first section in person at Clarion University, OR complete the second section with a notary. Both are NOT required.

**1. Identity and Statement of Educational Purpose**

**\*\*To Be Signed at Clarion University:**

The student must appear in person at **Clarion University** to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
 (Print Student's Name)  
 that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Clarion University** for 2016-2017.

\_\_\_\_\_  
 (Student's Signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Student's ID Number)

**OR**

Student's Name: \_\_\_\_\_ Clarion ID: \_\_\_\_\_

**\*\*To Be Signed With Notary (if the student is unable to appear in person at Clarion University to verify his or her identity)**

**To verify his or her identity, the student must provide the following to the institution:**

- (a) A copy of the unexpired 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 Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page other than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Statement of Educational Purpose**

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and  
(Print Student's Name)  
that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending **Clarion University** for 2016-2017.

\_\_\_\_\_  
(Student's Signature) (Date)

\_\_\_\_\_  
(Student's ID Number)

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_  
City/County of \_\_\_\_\_  
On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)  
personally appeared, \_\_\_\_\_, and proved to me on the basis of satisfactory  
(Printed name of signer)  
evidence of identification \_\_\_\_\_ to be the above-named person who signed  
(Type of unexpired government-issued photo ID provided)  
the foregoing instrument.

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

\_\_\_\_\_  
(Notary signature)  
My commission expires on \_\_\_\_\_

OVER 

## D. Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student and one parent must sign and date.

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

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

***Do not mail this worksheet to the U.S. Department of Education.  
Submit this worksheet to:***

**Clarion University of Pennsylvania  
Student Financial Services Office  
Becht Hall  
840 Wood Street  
Clarion, PA 16214**

(You should make a copy of this worksheet for your records.)