

2016-2017 Identity/Statement of Educational Purpose Worksheet Independent 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 spouse (if applicable) 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 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. Independent 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. Independent Student's Information to Be Verified

1. Complete this section if someone in your 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 student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they **now** live with the student and the student or spouse provides **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 student certifies that _____, a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program, (SNAP) sometime during 2014 or 2015.

No one in the student's household received SNAP benefits in either 2014 or 2015.

2. Complete this section if you or your spouse, if married, **paid** child support in 2015.

If the student and/or spouse, who is a member of the student’s household, 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 you need more space, attach a separate page that includes your name and Clarion ID 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			\$

3. **Identity and Statement of Educational Purpose**-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.

****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 

C. Certification and Signature

Each person signing below certifies that all the information reported is complete and correct.

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

Spouse's Signature (if student is married)

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.)