Your 2015–2016 Free Application for Federal Student Aid (FAFSA) has been selected for a process called verification. Federal law requires that an institution verify certain information that has been listed within the FAFSA before federal aid can be disbursed. To complete the verification process, the financial aid office will compare the information listed on your FAFSA to the information listed on this worksheet along with other documents submitted. If there are differences, your FAFSA information will need to be corrected. Please complete this worksheet, sign, and submit to the Office of Financial Assistance and Veteran’s Affairs as soon as possible to prevent any delays in the disbursement of your aid.

A. Dependent Student Information

Print: Last Name, First Name, M.I.    CofC ID

B. Verification of SNAP Benefits

☐ Check the box if someone in the student’s parent’s household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2013 or 2014 calendar years.

C. Child Support Information

Funds paid for child support: If you or your parent(s) paid child support in 2014 because of a divorce or separation or as a result of a legal requirement, please complete the following information. **Do not include child support paid for children included in parent’s household on FAFSA.**

<table>
<thead>
<tr>
<th>Name of Person who paid child support</th>
<th>Name of Person to whom child support was paid</th>
<th>Name(s) of the child for whom the support was paid</th>
<th>Total Amount of Child Support Paid in 2014</th>
</tr>
</thead>
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</table>

D. Sign This Worksheet

By signing this worksheet, we certify that all the information reported on this worksheet is complete and correct.

Student    Date

Parent (must sign)    Date

**Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.
E. High School Completion

You must submit documentation of high school completion or an equivalent along with this worksheet.

Check the box of the document you will attach to this worksheet:

☐ High school diploma or high school transcript including graduation date.

☐ Official documentation from high school counselor stating your graduation date and reason why high school diploma/transcript is unavailable.

☐ General Education Development (GED) Certificate

☐ Academic transcript of a successfully completed two-year program acceptable for full credit toward a bachelor’s degree.

☐ If you are a homeschooled student, a transcript or equivalent, signed by parent or guardian, listing secondary school courses you have completed and documentation that you have successfully completed secondary school education. If you are a homeschooled student, a secondary school completion credential provided under State law.

☐ If you do not have documentation meeting any of the above requirements, seeking an associate degree or its equivalent, and excelled academically in high school, you may provide documentation of the high school stating that you excelled academically in high school and documentation from your current/future postsecondary institution that you have met the formalized, written policies of admitting such students.

F. Documentation of Identity/Statement of Educational Purpose

In order to complete the Verification process, you will need to appear in person at your postsecondary institution and present your government issued ID (such as a driver’s license, passport, etc.) and this verification worksheet to an institutionally authorized financial aid administrator. Your financial aid administrator will need to validate the statement below at the time of submission by maintaining a copy of your photo ID and by providing a signature and date below. If you cannot appear in person to submit this worksheet, you will need to provide a copy of your government issued ID and this worksheet notarized by a public notary.

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 the College of Charleston for 2015-2016.

(Print Student’s Name)

Student’s Signature and Date Financial Aid Administrator Signature and Date

Notary’s Certificate of Knowledge
State of _________________________ City/County of __________________________ on _______________________

Before me, ______________________ personally appeared, ______________________________

(Print Notary’s name) (printed name of signer)

And provided to me on basis of satisfactory evidence of identification ______________________________

(Government-issued ID)/Do not use Military ID)

To be the above named person who signed the foregoing instrument,

Witness my hand and official seal ________________________________ __________________________

(Notary Signature) (Date commission expires) (seal)