

Attention: You have been selected for Verification for the V-4 Group

2015 - 16 Customized Verification Worksheet V-4

Please Print Clearly. Complete and return by: **within 10 days from the date of this notice.**

The law states that before awarding Federal Student Aid, we must confirm the information you and your parents (If Dependent-See Appendix 1) or spouse (If Independent-See Appendix 1) reported on your FAFSA according to federally selected Tracking Groups. **Please complete Sections A, C and Section V-4 of this Worksheet.** To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents specified in Section V-4. If there are differences, we will need to correct your FAFSA for those items, which may change your Expected Family Contribution (EFC) # generated from your FAFSA. . **You and at least one parent (if you are a dependent* student)-See Appendix 2, must complete and sign this worksheet, attach any required Section V-4 documents, and submit the form and other required documents to DCAD Financial Aid Office.** FAO may ask for additional information. If you have questions about verification, contact FAO, as soon as possible, at 302-622-8867, ext. 105 or 122, so that your financial aid will not be delayed.

Section A. Student Information

First Name	Last Name	Dependency Status: (See Appendix 1)	Date:
Mailing Address	City State Zip	Student's Date of Birth MO / DAY / YR	SS# XXX-XX-_____
Home Phone	Cell Phone	Email	

**2015-16 Verification Worksheet V-4
Section C. Certifications & Signatures**

Warning- Purposely giving false or misleading information on this Verification Worksheet is a Federal Offense for which you may be fined, sentenced to jail, or both.

Each person signing this Verification Worksheet certifies that all information reported on this form is complete and correct.

Note: If Dependent*, Student and one Parent must sign and date below.

If Independent**, Student must sign and date this Verification Worksheet.

<hr/>	
Student's Signature	Date
<hr/>	
Parent's Signature (if Student is Dependent)	Date

Please return your completed and signed 2015-16 Verification Worksheet and required documents as specified in your Verification Section Group V-4: via Fax: 302-792-7101 or via Email: financialaid@dcad.edu

Or Mail to:

ATTN: DCAD Financial Aid Office

Delaware College of Art and Design, 600 N. Market Street, Wilmington, DE 19801

Thank You!

Section V-4 Verification Group	FAFSA Information to be verified	Documents you must provide with this Verification Worksheet	Special Notice
<p><i>High School Completion and Identity Verification</i></p> <p><i>Don't forget to complete Section A, and C of this Verification Worksheet</i></p>	<p>V-4.a: High School Completion Status</p> <p>V-4.b: Identity/ Statement of Educational Purpose</p>	<p>V-4.a: Copy of your High School Diploma or Final High School/GED Transcript which shows your date of graduation.</p> <p>V-4.b: Appear in person at DCAD to show DCAD FAO Official a valid Gov. I.D. (ex. Driver License or State I.D.) or Passport; and a Signed Statement of Educational Purpose (Form V-4.b). FAO will make copy of original Gov. ID for your Financial Aid File.</p> <p style="text-align: center;"><u>Or</u></p> <p>Send us a copy of a Valid Government Photo ID and an Original Notarized Statement of Educational Purpose (Form V-4.b) signed by student.</p>	<p>Note: If you have not graduated yet but will before August 1, 2015, please complete and submit High School Completion Status (Form V-4.a) with this form. When all other V-4 items are provided, you will be mailed a Provisionary Financial Aid Award letter; funds will not be disbursed until you send us your Final H.S. transcript which shows graduation Date.</p> <p>Note: Must sign Statement of Educational Purpose in front of a Notary to satisfy Option V-4.d.</p>

DCAD-Statement of Educational Purpose V-4.b

Student _____ Home Phone () _____ - _____
First Name Last Name
Cell () _____ - _____ SS# XXX-XX- _____ Email: _____ @ _____
Last 4 digits

I certify that I, _____, am the individual signing this **Statement of Educational Purpose**
First Name Last Name
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 Delaware College of Art and Design (DCAD) for 2015-2016.

Student's Signature Date

Note: *If you are not appearing in person at DCAD to present this Statement to DCAD Financial Aid Office, you must sign this Statement in front of a Notary and have Notary complete Certificate of Acknowledgement below.*

Notary Certificate of Acknowledgement

State of _____ City/County of _____ On _____ before me
(Date)

_____ personally appeared, _____
(Notary's name) (Printed name of signer)

and provided to me on basis of satisfactory evidence of identification, the following

(Type of government-issued photo ID provided) _____
to be the above named person who signed. the foregoing instrument.

WITNESS my hand and official seal

Notary Signature:

(seal)
My Commission expires on _____ / _____ / _____
MO DAY YEAR

*****DCAD Financial Aid Office Use Only*****

I confirm that this student has provided valid evidence of identity as listed above. _____ / _____ / _____
Financial Aid Officer's Signature Date

Student Identity Verification Form V-4.b1

Student: _____
First Name Last Name

XXX-XX-_____
Last 4 Digits SS#

I am presenting the following to confirm my identity:

Check Identity Item	Identity Verification Provided	Identity Verification Document Provided
	<p>I appeared in person and presented my Valid Government Photo Identification to a DCAD Financial Aid Official (See Attached) and Submitted my signed Statement of Educational Purpose Form V-4.b (See Attached)</p>	<p>() Driver License () Passport () Other: _____ and () Signed-Form V-4.b</p>
	<p>I mailed and am attaching a copy of my <i>Valid Government-Photo Identification</i> (See Attached) and <i>An Original Notarized Statement of Educational Purpose, signed by me</i> (See Attached).</p>	<p>() Driver License () Passport () Other: _____ and () My Original, Notarized Statement of Educational Purpose, Form V-4.b., Signed by me in front of a Notary.</p>

I confirm my identity is accurate as provided and listed above.

Student's Signature

_____/_____/_____
Date

Verification – Student High School Status Form V-4.a

Student: _____
First Name Last Name

XXX-XX-_____
Last 4 Digits SS#

Please Check One High School Completion Item below, sign, and attach this Form V-4.a to your V-4 or V-5 Verification Worksheet.

_____ A. I confirm that I am **currently enrolled** at _____
Name of High School or GED Program
and I am scheduled to graduate _____/_____.
MO YEAR

Upon completion and graduation from my high school program I will have my High School send DCAD Admissions my *Official Final High School Transcript*, Specifying my date of graduation.

_____ B. I am **enclosing a copy of my *High School (Or GED) Diploma*** that confirms my high school graduation date.

_____ C. I am **enclosing a copy of my Final High School Transcript**. I understand I must also have my *High School send an Official Final HS Transcript* to DCAD Admissions as part of the college admissions procedures.

_____ D. I am **Home Schooled** at _____ and I am **scheduled to graduate** _____/_____.
Name of Home School MO YEAR

Upon completion and graduation from my high school program I will have my High School send DCAD Admissions my *Official Final High School Transcript*, Specifying my date of graduation.

_____ E. I am **enclosing a copy of my *Home School Transcript*** signed by my parent or guardian, which lists the secondary school courses I completed and documents successful completion of a secondary school education that confirms my high school graduation date.

Student's Signature MO DAY YEAR

Definitions-Dependency Status

Dependent Student: A student younger than 24 years of age; unmarried; no children; not a ward of the court; not homeless; or not a veteran; dependent on support from parent(s) or guardian.

Independent Student: Student who meets any one of the criteria as defined birth federal government for independent status: older than 24 years of age; veteran; has legal dependents; married; court ordered ward of court; or documented homeless.