

Student Name _____ SCCC ID# _____

Address _____ City _____ State _____ ZIP _____

Home Phone Number (include area code) _____ Cell Phone Number _____

Please check one:

- I am a **Dependent Student** [who needs to provide parental information]
- I am an **Independent Student**

Your application was selected for review in a process called “Verification”. Verification is a process governed by Federal regulations and is used to ensure that the information applicants report on the Free Application for Federal Student Aid (FAFSA) is accurate. In this process, SCCC will compare information from your 2018-19 FAFSA to the documents you provide. If there are differences, your FAFSA information may need to be corrected. You and at least one parent (if Dependent) must complete, sign and submit this worksheet to the Financial Aid Office. Additional information may be requested.

FOR NJ RESIDENTS ONLY: Additional Questions required by NJHESAA to determine STATE Aid. (Enter N/A or -0- if not applicable)

Driver’s License - State Issued and Number:		
Veterans Educational Benefits received between 7/1/18-6/30/19:	Amount per month: \$	# of months:
2016 Untaxed Social Security Benefits:	Parent: \$	Student: \$
2016 Earned Income Credit on the tax return:	Parent: \$	Student: \$

A. Student’s Family Information [For Dependent & Independent Students]

Dependent Student

List the people in **your parent’s household**. Include:

- Yourself and your parent(s) (including a stepparent) even if you don’t live with your parent(s).
- Your parent(s)’ other children if your parent(s) will provide more than half of their support from July 1, 2018 through June 30, 2019, or if the other children would be required to provide parental information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

Independent Student

List the people in **your household**. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2018 through June 30, 2019, or if the child would be required to provide your information if they were completing a FAFSA for 2018–2019. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2019.

Be sure to include the name of the college for any household member [Dependent Students exclude your parent(s)] who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2018 and June 30, 2019.

If more space is needed, attach a separate page with the student’s name and SCCC ID# at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
		self	SCCC	

NAME: _____ SCCC ID#: _____

B. High School Completion Status [For Dependent & Independent Students]

Provide one of the following documents to the Financial Aid Office that indicates the student's high school completion status at the beginning of the 2018-2019 academic year.

- A copy of the student's high school diploma.
- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- A copy of the student's **final official** high school transcript that shows the date when the diploma was awarded.
- A State certificate or transcript received by a student after the student passed a State-authorized examination that the State recognizes as the equivalent of a high school diploma (GED test, HiSET, TASC or other State-authorized examination).
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- If State law requires a homeschooled student to obtain a secondary school completion credential for homeschooled (other than a high school diploma or its recognized equivalent), a copy of that credential.
- If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

Certification and Signatures

I/we certify that all of the information reported on this worksheet 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 SIGNATURE [FOR INDEPENDENT & DEPENDENT STUDENTS]

DATE

PARENT SIGNATURE [FOR DEPENDENT STUDENTS ONLY]

DATE

*Do not mail this worksheet to the U.S. Department of Education or NJ Higher Education Student Assistance Authority (NJHESAA).
Submit this worksheet to the Financial Aid Office at Sussex County Community College.
You should make a copy of this worksheet for your records.*

NAME: _____ SCCC ID#: _____

C. Identity and Statement of Educational Purpose [For Dependent & Independent Students]

The student must appear in person at **Sussex County Community College** 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. Sussex County Community College 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.

Identity and Statement of Educational Purpose

I certify that I, _____, am the individual signing
(Student's Name – *Please print clearly*)

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 Sussex County Community College for 2018-2019.

Student's Signature Date

Student's ID Number

Authorized Official Use Only – (Retain Original)
Receiver's Information

Type of Document Received and Reviewed

Designee SCCC Employee Signature Date

Designee SCCC Name (*Please print clearly*)

*Do not mail this worksheet to the U.S. Department of Education or NJ Higher Education Student Assistance Authority (NJHESAA).
Submit this worksheet to the Financial Aid Office at Sussex County Community College.
You should make a copy of this worksheet for your records.*

Statement of Educational Purpose (Group V4)

Student Name _____ SCCC ID# _____

Address _____ City _____ State _____ ZIP _____

Home Phone Number (include area code) _____ Cell Phone Number _____

*****Complete This Side With A Notary*** ONLY if the Student Cannot Appear In Person at SCCC**

If the student is unable to appear in person at **Sussex County Community College** to verify his or her identity the student must provide to the institution:

- a. A copy of the unexpired valid **government-issued photo identification (ID) that is acknowledged in the notary statement below**, or that is presented to a notary, 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 than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Identity and Statement of Educational Purpose

I certify that I, _____, am the individual signing
(Student's Name – *Please print clearly*)

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 Sussex County Community College for 2018-2019.

I further certify that I have presented valid, government-issued photo identification (ID) as proof of my identity.

Student's Signature Date

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On (Date) _____, before me (Notary's Name), _____

Personally appeared (Printed name of signer), _____, and proved to me on basis of satisfactory evidence of identification _____ (Type of ID) to be the above-named person who signed the foregoing instrument.

Witness my hand and official seal

Seal

My commission expires on _____

Date

Notary Signature