

Student Name _____ SCCC ID# _____

Address _____ City _____ State _____ ZIP _____

Home Phone Number _____ Cell Phone Number _____

Your Free Application for Federal Student Aid (FAFSA) was federally 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 FAFSA is accurate. In this process, SCCC will compare information from your 2023-2024 FAFSA to this completed worksheet and any other documents you provide. If there are differences, your FAFSA information may need to be corrected. You, and at least one parent if you are a Dependent Student, must complete, sign and submit this worksheet to the SCCC Financial Aid Office. Additional information may be requested. Please monitor your SCCC Student Portal and SCCC Student Email Account for additional requests and important notices.

- A. Identity and Statement of Educational Purpose ONLY to be completed in person at SCCC OR in front of a Notary. Complete EITHER Page One in Person at the SCCC Financial Aid Office OR Page Two in the Presence of a Notary.**

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
(Print Student’s Name)

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 2023-2024.

Student’s Signature Date

Authorized Official Use Only – (Retain Copies of ID)

Receiver’s Information:

Type of Document Received and Reviewed

Designee SCCC Employee Signature Date

Designee SCCC Employee Print Name

Student Name _____ SCCC ID# _____

Address _____ City _____ State _____ ZIP _____

Home Phone Number _____ Cell Phone Number _____

*****Complete This Page 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
(Print Student's Name)

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 2023-2024.

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

B. Certification and Signatures

By signing this worksheet, I/we certify that all information reported is complete and correct. I/we understand that additional documentation may be required.

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

STUDENT SIGNATURE [FOR INDEPENDENT & DEPENDENT STUDENTS]

DATE

PARENT SIGNATURE [FOR DEPENDENT STUDENTS ONLY]

DATE

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

Turn in required forms or documents to the SCCC Financial Aid Office in one of the following ways:

- **Email: fadocs@sussex.edu**
- **US Mail: SCCC Financial Aid Office B212, 1 College Hill Road, Newton, NJ 07860**
- **Fax: 973-300-2224**
- **On Campus – Use the Locked Drop Box in the B-Building Hallway outside the Financial Aid Office (B212). Place your documents in a SEALED ENVELOPE and write your name, ID number and phone number on the envelope in case we have any questions.**
- **Call our office at 973-300-2225 if you have issues submitting documents or forms.**