

2015-2016

For Administrative Use Only

EFC _____ Tran # _____

Received By: _____ Date: _____

Processed By: _____ Date: _____

IRS Retrieval: Parent ☐ Student: ☐ Tran # _____

The U.S. Dept. of Education selected your application for review in a process called "Verification." In this process, we are required by law to compare the information from your application with the information provided on this form and all requested financial documentation. Corrections may be deemed necessary. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

Selected For	Verification Tracking Flag	Verification Tracking Group	Fill out Section
<input type="checkbox"/>	V1	Standard Verification	A, C, D, E, F, & H
<input type="checkbox"/>	V3	Child Support Paid Verification	A, F & H
<input type="checkbox"/>	V4	Custom Verification Group	A, B, E & H
<input type="checkbox"/>	V5	Aggregate Verification Group	A, B, C, D, E, F & H
<input type="checkbox"/>	V6	Household Resources	A, C, D, E, F, H & Form V6

A. Student Information

Last Name	First Name	MI	Social Security Number / EMPLID	
Address (include apt. #)		City	State	Zip Code
Date of Birth	E-mail Address		Phone Number (include area code)	

B. Statement of Educational Purpose

I certify that I, _____ (Print Student's Name) 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 to pay the cost of attending Kingsborough Community College (CUNY) for the 2015-2016 award year.

Student's Signature: _____ Date: _____

C. Family Information

☐ Dependent Students: ☐ Independent Students

Write the names of ALL household members. Also write in the name of the college for any family member excluding your parent(s), who will be attending college at least half time between July 1st, 2015 and June 30th, 2016, and will be enrolled in a degree, diploma or certificate program. If you need more space, attach a separate page.

Full Name	Age	Relationship	Attending College in 2015-2016	Will be Enrolled at least half time for 2015-2016
		Myself	Kingsborough Community College	
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Tax forms and Income Information

- 1) If you did not file and are not required to file a 2014 Federal income tax return, list below your employer(s) and any income received in 2014 (Attach your **Forms W-2 or 1099** from all sources of earned income)

Name (Student or Parent(s))	Name of Employer	\$ Amount Earned

E. Additional Information

In 2013 or 2014 did anyone in your household receive any of the following? ☐ No ☐ Yes
Please check all applicable boxes below:

Parent(s)	75. SSI <input type="checkbox"/>	76. SNAP (Food Stamp) <input type="checkbox"/>	77. Free/Reduced Lunch <input type="checkbox"/>	78. TANF <input type="checkbox"/>	79. WIC <input type="checkbox"/>
Student	97. SSI <input type="checkbox"/>	98. SNAP (Food Stamp) <input type="checkbox"/>	99. Free/Reduced Lunch <input type="checkbox"/>	100. TANF <input type="checkbox"/>	101. WIC <input type="checkbox"/>

F. Child Support Received & Paid

☐ Child Support Received ☐ No Child Support Received

Name of Adult Who Received the Support	Name of Child For Whom Support Was Received	Amount of Child Support Received in 2014

☐ Child Support Paid ☐ No Child Support Paid

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2014

G. Government Issued Photo ID – TO BE COMPLETED BY KCC FINANCIAL AID ADMINISTRATOR

☐ Driver's License ☐ Passport ☐ Alien Registration Card ☐ Military Card ☐ Non Driver's License ☐ _____

ID Number	
Rec'd By	
Signature	
Date	

For Administrative Use Only for High School Verification

Name of HS: _____

Graduation Date: _____

Received By: _____ Date: _____

Processed By: _____ Date: _____

H. Certification

If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student Signature

Date

Parent Signature

Date