

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

## 2024-2025 Verification Worksheet

### Dependent Student - Tracking Group V4

Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, the Financial Aid Office is required to confirm all information you and your parents reported on your FAFSA. To verify that you provided correct information, a financial aid administrator will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent must complete, sign, and submit this worksheet, including any required documents. The Financial Aid Office may ask for additional information. To avoid delays in processing your financial aid, please contact the Financial Aid Office as soon as possible with any questions.

**WARNING: VERIFICATION RESULTS MAY AFFECT YOUR FINANCIAL AID**

### A. Dependent Student's Information

Student's First Name	Student's Last Name	MI	Student's SSN or ID Number
Student's Street Address (include apt. no.)			Student's Date of Birth
City	State	Zip	Student's Email Address
Student's Phone Number		Student's Alternate or Cell Phone Number	

### B. Dependent Student's Family Size

List in the table below the people in the parent's household. Include the following:

- **The student.**
- **The student's parents,** (including stepparent) even if the student doesn't live with the parents. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- The student's siblings if the following are true:
  - They live with the student's parents (or live apart because of college enrollment),
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.
- Other persons if the following are true:
  - They live with the student's parents,
  - They receive more than half of their support from the student's parents, and
  - They will continue to receive more than half their support from the student's parents during the award year.

The provided criteria for "dependent children" or "other persons" align with the requirement that family size align with whom the parent could claim as a dependent on a U.S. tax return if the parent were to file a U.S. tax return at the time of completing the 2024-2025 FAFSA. As a result, the parent should not include any unborn children in the family size.

*If more space is needed, provide a separate page with the student's name and ID number at the top.*

FULL NAME	AGE	RELATIONSHIP
		SELF

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

### C. Identity and Statement of Educational Purpose

#### Section C is **ONLY** to be completed in person at the Institution or in front of a Notary.

The student must appear in person at West Virginia Wesleyan College to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution 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 office at the institution authorized to collect the student’s ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Education Purpose provided below. ***If you cannot appear in person to sign this Statement of Educational Purpose, you will need to provide a copy of your government issued ID and this Statement of Educational Purpose notarized by a public notary.***

#### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational  
Printed Student’s Name

Purpose and that the Federal assistance I may receive will only be used for educational purposes and to pay the cost of attending West Virginia Wesleyan College for 2024-2025.

Student’s Signature	Date	Financial Aid Administrator’s Signature	Date
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#### Notary’s Certificate of Knowledge

State of \_\_\_\_\_ City/County of \_\_\_\_\_ on \_\_\_\_\_

before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_  
Notary’s Name Printed Name of Signer

and proved to me on basis of satisfactory evidence of identification \_\_\_\_\_  
Type of government-issued photo ID provided  
to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal \_\_\_\_\_  
(Seal) Notary Signature Date Commission Expires

Student Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

### D. Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it 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.**

The student and at least one parent must sign and date this form.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

***Return this worksheet to the Financial Aid Office at  
59 College Avenue***

***Buckhannon, WV 26201***

***Or send a fax to our office at 304-473-8824***

***Keep a copy of this worksheet for your records***