

COMPLETE AND RETURN TO:

4500 Steilacoom Blvd. SW Bldg 17, Room 130 Lakewood, WA 98499-4004

School Code: 015984

253.589.5660 office

253.589.5618 fax

STUDENT AID & SCHOLARSHIPS DEPENDENT VERIFICATION WORKSHEET 2022-2023 V4 EDUCATIONAL STATEMENT with NOTARY

You must appear in person before a Certified Notary of the Public and show them your valid government-issued photo ID AND sign the Educational Purpose Statement (section D) in the presence of the Certified Notary of the Public. You must then mail this worksheet, along with the original notary document, to the Student Aid & Scholarships Office.

The Student Aid & Scholarships office cannot process your application without this information.

Federal Student Aid Programs Your application was selected for review in a process called "Verification." In this process, the Student Aid & Scholarships Office will be comparing information from your FAFSA application with you and your parent(s)' financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

A: Student Inforr	mation			
Last	First	MI	SSN	SID
		@student.cptc.edu		()
	Email		Date of Birth	phone
B: High School Co	ompletion Status			
☐ High School Diploi☐ GED. Attached is a☐ Home School Grad	copy of my GED certificate.	diploma or high school transcript inc t signed by my parent or guardian lis		
C: Required Signa	atures			
best of my knowledg order to receive fina	ge. I agree that I have review	lication and other Student Aid & School ed, understand and agree to the con- licademic year as stated in the Condit tial Aid website.	ditions, responsibili	ties and obligations in
Student Name:		Signature:		Date:
Parent Name:		Signature:		Date:

The college provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types).

D: Educational Purpose: Completion of this section MUST BE WITNESSED AND SIGNED BY A NOTARY OF THE PUBLIC.

If the student is unable to appear in person at Clover Park Technical College to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

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Statement of Educational Purpose			
I certify that I		am th	ne individual signing this Statement of Educational
Purpose and that (Print Student's N purposes and to pay the cost of atte	ame) the federal student fi	nancial assista	nce I may receive will only be used for educational
(Student's Signature)	(Dat	e)	(Student's ID Number)
Notary's Certificate of Acknowledge	ement		
State of		City/County of	
On, before	e me,		
(Date)	(Nota	ry's name)	
personally appeared,			and provided to me on basis of satisfactory evidence o
(Printed	name of signer)		
	to b sued photo ID provided)	e the above-na	amed person who signed the foregoing instrument
WITNESS my hand and official seal			
		My co	mmission expires on
(Notary signature)		•	(Date)

(seal)