



**V4 Verification Worksheet**

**2017-18**

Student's Name: \_\_\_\_\_  
Last First MI

Phone: \_\_\_\_\_ - \_\_\_\_\_

Your application was selected for review in a process called "Verification." In this process, your school will compare information from your 2017-18 Free Application for Federal Student Aid (FAFSA) with copies of your 2015 IRS Tax Return Transcripts, or W-2 forms or other financial documents. Information retrieved using the Internal Revenue Service (IRS) Data Retrieval Process and not subsequently changed, is considered acceptable documentation for IRS-related information. The Law requires us to ask for this information before awarding federal aid. If there are differences between your application information and your financial documents, your school will need to make corrections.

**You are required to complete all appropriate sections of this form and submit it to Summit Salon Academy Gainesville's Financial Aid Office with any additional requested documentation. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.**

**Section 1: High School Completion Status & Identity and Statement of Educational Purpose**

**High School Completion Status:**

To properly identify your high school completion status, the Financial Aid Office requires a legible copy of your high school or GED diploma/transcript.

**Identity and Statement of Educational Purpose:**

To properly identify you and verify your educational purpose the United States Department of Education requires that pages 2 and 3 of this worksheet are properly filled out per the instructions of that worksheet and mailed through a parcel service or delivered in person to the campus you are applying for.

**Section 2: Sign this worksheet**

By signing below, both student and parent(s) acknowledge and confirm that the above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. **If the student is Dependent, one parent whose information was reported on the FAFSA must sign and date.**

Student's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Dependents Only

**Identity and Statement of Educational Purpose**

**2017-18**

Student's Name: \_\_\_\_\_  
Last First MI

Phone: \_\_\_\_\_ - \_\_\_\_\_

Your application was selected for review in a process called "Verification." The law requires us to ask for this information before awarding Federal aid.

You are required to complete all appropriate sections of this form and submit it to Summit Salon Academy – Gainesville's Financial Aid Office with any additional requested documentation. If you do not complete this form or submit all of the required documents requested, we will not be able to complete the processing of your financial aid.

**DO NOT USE BLACK INK WHEN COMPLETING THIS FORM AND  
 DO NOT COMPLETE THIS FORM IN ADVANCE**

- Section 1 and Section 2 must be completed and signed in the presence of an approved representative of your school's Financial Aid Office if you are submitting this form in person.
- Section 3 and Section 4 must be completed and signed in the presence of a Notary Public if you are not submitting this form to your school's Financial Aid Office in person. This form, with the original signatures and a copy of your photo ID, must be mailed to Summit Salon Academy – Gainesville.
- You must present a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport to verify your identity. Your school will maintain a copy of your photo ID with this form.

**Section 1: Identity and Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this Statement of  
(Print student's name)

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 Summit Salon Academy - Gainesville for 2017-18.

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing above, the student acknowledges and confirms that the above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

**Section 2: To be completed by school official if submitting in person**

- The student has signed this form in my presence and the student has presented a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport to verify his or her identity. I have made a copy of this document, annotated the ID with the date it was received, and attached the documentation to this form.

**Student Finance Representative's Name:** \_\_\_\_\_

**Student Finance Representative's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This page is only to be completed if you are not submitting this statement in person.

**DO NOT USE BLACK INK WHEN COMPLETING THIS FORM AND  
 DO NOT COMPLETE THIS FORM IN ADVANCE**

- Section 3 and Section 4 must be completed and signed In the presence of a Notary Public if you are not submitting this form to your school's Financial Aid Office in person. Leave Section 1 and Section 2 blank. This form, with the original signatures and a copy of your photo ID, must be mailed to Summit Salon Academy - Gainesville.
- You must provide along with this form, 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 to verify your identity.

**Section 3: Identity and Statement of Educational Purpose**

I certify that I, \_\_\_\_\_, am the individual signing this Statement of  
(Print student's name)  
 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 Summit Salon Academy - Gainesville for 2017-18.

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing above, the student acknowledges and confirms that the above is complete and correct. If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

**Section 4: To be completed by Notary Public if submitting by mail**

Notary's Certificate of Acknowledgement

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

On \_\_\_\_\_, before me, \_\_\_\_\_,  
(Date) (Notary's name)

personally appeared \_\_\_\_\_, and provided to me on basis of satisfactory evidence  
(Printed name of signer)

of identification \_\_\_\_\_ to be the above-named person who signed the  
(Type of government-issued photo ID provided)

foregoing instrument.

WITNESS my hand and official seal  
(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on \_\_\_\_\_  
(Date)