Please check the appropriate boxes below that applies to you and ATTACH the necessary documentation!

1. SNAP

- [ ] Check here if someone in the student’s or student parent’s household received benefits from the Supplemental Nutritional Assistance Program or SNAP (formerly known as food stamps) anytime during the 2013 or 2014 calendar years.

2. High School Verification

- [ ] High School Diploma - ATTACH a copy of your high school diploma or final high school transcript.
- [ ] GED (General Educational Development) - ATTACH a copy of your GED certificate.
- [ ] Home Schooled - ATTACH a transcript or equivalent, signed by the parent or guardian that lists the secondary school courses completed by the applicant and documents the successful completion of a secondary school education.

If you were unable to check one of the following boxes in section 2 and provide the necessary documentation, you are unable to receive federal financial aid at this time.

3. Verification of Child Support

- [ ] (Dependent Student) - One (or both) of the student’s parents, paid child support in 2014. The parent has indicated below the name of the persons who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by the school, I will provide documentation of the payment of child support.

- [ ] (Independent Student) - Either I, or if married, my spouse paid child support in 2014. I have indicated below the name of the persons who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by the school, I will provide documentation of the payment of child support.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name(s) of Child(ren) for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marty Jones (example)</td>
<td>Chris Smith</td>
<td>Terry Jones</td>
<td>$6,000.00</td>
</tr>
</tbody>
</table>

4. Certification Statement

By signing this, I (we) hereby certify that all information on this worksheet is accurate and complete to the best of my (our) knowledge. I also give permission to the Office of Financial Aid to obtain secondary verification if necessary.

Student’s Signature: ___________________________ Date: ___________________________

Parent’s Signature: ___________________________ Date: ___________________________

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.
In order to complete the verification process, you will need to appear in person at the Financial Aid Office and present your government issued ID. This form must be completed and signed in the presence of either a Florida Memorial University Financial Aid Advisor or a Notary Public. Do NOT complete the form in advance.

Instructions:

Either: The student must bring this form, in person, to Florida Memorial University Financial Aid Office and present a valid government-issued photo identification, 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 with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

Or: If unable to appear in person, the student must mail this original notarized Statement of Educational Purpose (no faxed or emailed documents will be accepted). This form is NOT to be notarized if presenting in person at the Financial Aid Office, only if returning by mail.

Statement of Educational Purpose

I certify that I, __________________________ 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 and to pay the cost of attending Florida Memorial University for 2015-2016.

Student Signature: __________________________ Date: __________________________

Notary’s Certificate of Acknowledgement

State of __________________________

City/County of __________________________

On _______________, before me, __________________________________________

(Date) (Notary’s name)

Personally appeared, __________________________, and provided to me of satisfactory evidence of identification __________________________ to be the above-named person who signed the foregoing instrument.

(Witness me hand and official seal) __________________________

(Notary Signature) __________________________ (date)