

FINANCIAL AID OFFICE

366 Luna Drive • Las Vegas, NM 87701 (505) 454-2560 • (800) 588-7232 ext. 1036 FAX: (505) 454-2539 • EMAIL: finaid@luna.edu

2017-2018 Verification Worksheet Independent V4

Please read the entire form, complete ALL sections, attach the requested documentation, sign the form, and return to the Financial Aid Office. By law, Luna Community College has the right to request this information before awarding financial aid. If there are differences between the information submitted and your Free Application for Federal Student aid (FAFSA) the school will make the necessary changes. Incomplete worksheets and documentation will cause delays in processing your financial aid. No determination of aid eligibility can be made until all documents are received and reviewed. Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

A. Student's Information	
Student's Name	LCC ID or Social Security Number
Student's Street Address (include apt. no.)	Student's Date of Birth
City State Zip Code	Student's Email Address
Student's Home Phone Number (include area code)	Student's Alternate or Cell Phone Number

B. High School Completion Status

Provide <u>one</u> of the following documents that indicate the student's high school completion status when the student will begin college in 2017–2018:

- A copy of the student's high school diploma.
- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A state certificate or transcript received by a student after the student passed a State-authorized examination that the State recognizes as the equivalent of a high school diploma (GED test, HiSET, TASC, or other State-authorized examination).
- An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- For a student who was homeschooled in a state where state law requires the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized equivalent), a copy of that credential.
- For a student who was homeschooled in a state where state law does not require the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized equivalent), a transcript, or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.

A student who is unable to obtain the documentation listed above must contact the financial aid office.

	Office Use:				
	□ Transcript	□ HS Diploma	\Box GED	□ Other	
Financial Aid Staff Initials					

Stu	dent's Name:	_ LCC ID:	
C.	Identity and statement of Educational Pu	ırpose	
	issued photo identification (ID), such institution will maintain a copy of the	unity College to verify my identity by pre as, but not limited to, a driver's license, o student's photo ID that is annotated by e of the official at the institution authoriz	other state-issued ID, or passport. The
I am unable to appear in person at Luna Community College to verify my identity. (Complete Section 2)		tity. (Complete Section 2)	
1. The student must sign, in the presence of the institutional official, the following:			he following:
		Statement of Educational Purpo (To be signed at Luna Community Co	
	I certify that I(Print Student's	am the individual signing the Name)	nis Statement of Educational Purpose
	and that the Federal student fina	ancial assistance I may receive will only b	e used for educational purposes and to
pay the cost of attending		e of Postsecondary Educational Institution)	2017-2018.
	(Student's Signature)	(Date)	Office Use: Initial: Date:
	(Student's ID Number)		ID used:

Student's Nam	LCC ID:				
	2. If unable to appear in provide:	n person at Luna Comi	munity College to verify	his/her identity, the student must	
		ow, or that is presente		cation (ID) that is acknowledged in the out not limited to, a driver's license, other	
	statement appears or	n a separate page than		which must be notarized. If the notary ational Purpose, there must be a clear ment notarized.	
	l		t of Educational Purpos Presence of a Notary)	e	
				this Statement of Educational Purpose	
and that the Federal s		ent financial assistance	I may receive will only	be used for educational purposes and to	
	pay the cost of attending	(Name of Postsocondan)	for	2017-2018.	
		(Name of Postsecondary	Educational institution)		
	(Student's Signature)		(Date)		
	(Student's ID Number)				
	Notary's Certificate of Acknowledgement				
	State of		City/County of		
	On	, before me,		, personally appeared,	
	(Date)		(Notary's name)		
	(Printed name of sign	er)	, and provided to	me on basis of satisfactory	
	evidence of identification	(Type of unexpired govern	ment-issued photo ID provide	to be the above-named person	
	who signed the foregoing	instrument.			
	WITNESS my hand and of	ficial seal			
	(seal)				
	,554.,	•	(Notary sign	ature)	

My commission expires on _____

(Date)

Sti	ident's Name:	LCC ID:	
D.	Receipt of other Federal Benefits		
	The STUDENT certifies that a member of the hou	sehold received the following benefits sometime during 2015-2016:	
	 Medicaid or Supplemental Security Income Supplemental Nutrition Assistance Program (SNAP) Free or Reduced Price School Lunch Temporary Assistance for Needy Families (TANF) 		
	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		
E. Certifications and Signatures Each person signing below certifies that all of the information reported is complete and correct.			
	Lacii person signing below certines that an or tr	le illiorniation reported is complete and correct.	
Printed Student's Name Student's Signature		LCC ID or Social Security Number	
		Date	

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