



# 2018-2019 Verification Worksheet Independent V4

**FINANCIAL AID OFFICE**  
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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 #

\_\_\_\_\_  
 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 one of the following documents that indicate the student's high school completion status when the student will begin college in 2018–2019:

- 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.**

<b>Office Use:</b>			
<input type="checkbox"/> Transcript	<input type="checkbox"/> HS Diploma	<input type="checkbox"/> GED	<input type="checkbox"/> Other
Financial Aid Staff Initials _____			

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

LCC ID #: \_\_\_\_\_

**C. Identity and statement of Educational Purpose**

I will appear in person at Luna Community College to verify my identity by presenting an expired 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 official at the institution authorized to receive and review the student's ID. **(Complete Section 1).**

I am unable to appear in person at Luna Community College to verify my identity. **(Complete Section 2)**

**1. The student must sign, in the presence of the institutional official, the following:**

**Statement of Educational Purpose**  
**(To be signed at Luna Community College)**

I certify that I \_\_\_\_\_ am the individual signing this *Statement of Educational Purpose*  
(Print Student's Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending \_\_\_\_\_ for 2018-2019.  
(Name of Postsecondary Educational Institution)

\_\_\_\_\_  
(Student's Signature) (Date)

\_\_\_\_\_  
(Student's ID Number)

<p><b>Office Use:</b> Initial: _____ Date: _____ ID used: _____</p>
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Student Name: \_\_\_\_\_

LCC ID #: \_\_\_\_\_

**2. If unable to appear in person at Luna Community College to verify his/her identity, the student must provide:**

(a) A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and

(b) The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

**Identity and Statement of Educational Purpose**  
*(To Be Signed in the Presence of a Notary)*

I certify that I \_\_\_\_\_ am the individual signing this *Statement of Educational Purpose*  
(Print Student's Name)

and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending \_\_\_\_\_ for 2018-2019.  
(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)  
\_\_\_\_\_, and provided to me on basis of satisfactory  
(Printed name of signer)

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

who signed the foregoing instrument.

WITNESS my hand and official seal

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

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

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

LCC ID #: \_\_\_\_\_

**D. Receipt of other Federal Benefits**

The STUDENT certifies that a member of the household 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.

\_\_\_\_\_  
Printed Student's Name

\_\_\_\_\_  
LCC ID #

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

\_\_\_\_\_  
Date

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