

2018-2019 Institutional Verification Document / Data Sheet Independent Student

Your 2018-2019 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Independent Student's Information

Student's Last Name	First Name	M.I.	Student's Identification (ID) Number	Student's Date of Birth
Student's Street Address (include apt. no.)			City	State
Student's Email Address	() Student's Home Phone #	() Student's Alternate or Cell Phone #	Zip Code Expected Graduation Date	

1. Provide the following information for Fall and Spring by **checking one box in each column:**

Living Arrangements	Fall	Spring
Not with Parent/Relative		
With Parent/Relative		

Enrollment Status:	Fall	Spring
Full Time (12 hours or more)		
Three-quarter time (9-11 hours)		
Half Time (6-8 hours)		
Less than half-time (5 or less)		

2. Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

3. List all educational institutions you have attended since high school:

Institution (Name and Location)	Dates Attended	Degrees Received

4. **Veterans Benefits:** I will ___ I will not ___ receive benefits through the Veterans Administration or any other military program. If you will receive funds, provide Chapter/ Number/ Title. _____

5. **Other Aid Sources:**

Will you be receiving scholarships or other sources of aid from private or local agencies? _____
If Yes, list source and amount. _____

6. Due to privacy requirements, **please create a password for your financial aid account.** _____ Please keep this password private. (Your password will be necessary when inquiring about your financial aid account.)

Internal Use Only _____

7. Due to FERPA (privacy) guidelines, Financial Aid can only respond with specific financial aid account information to newriver.edu e-mail accounts. Documents received by e-mail can only be downloaded for print when sent from a newriver.edu e-mail account. **Please check here to acknowledge that you understand this FERPA e-mail guideline.**

B. Number of Household Members: List below the people in the student’s household. Include:

- The student.
- The student’s spouse, if the student is married.
- The student’s or spouse’s children if the student or spouse will provide more than half of the children’s support from July 1, 2018, through June 30, 2019, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person’s support, and will continue to provide more than half of that person’s support through June 30, 2019.
- Number in College: Include in the space below information about any household member who is, or will be, enrolled at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2018, and June 30, 2019, and include the name of the college.
- If more space is needed, provide a separate page with the student’s name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time
		Self	New River CTC	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

C. During 2016 and/or 2017, did any person(s) listed in Section B receive any of the following benefits:

Medicaid ___ Yes ___ No, Supplemental Security Income (SSI) ___ Yes ___ No, SNAP ___ Yes ___ No,
 TANF ___ Yes ___ No, Free or Reduced Lunch ___ Yes ___ No, and/or WIC ___ Yes ___ No?

D. Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and
 (Print Student’s Name)
 that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending New River Community and Technical College for 2018-2019.

E. Statement of Financial and Eligibility / Adjustments

I understand that I may lose or be required to repay funds I have been awarded or already received. If additional grants, scholarships, loans, etc., are awarded to me by any agency. I realize it is my responsibility to inform the Financial Aid Office of any aid I receive that is not awarded to me by the Financial Aid or Admissions Office at New River Community and Technical College.

Certifications and Signatures

The student signing below certifies that all of the information reported is complete and correct.

 Student’s Signature

 Date

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.