

# Benedictine College – Financial Aid

## 2023–2024 Independent Verification Worksheet - V4

**Your 2023–2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification.** The law states that before awarding Federal Student Aid, we may ask you to confirm the information you and your parent(s) reported on your FAFSA. To verify the information you provided, please complete the questions below, include parent(s) and student signature, and mail or fax the form with any required documents to the Financial Aid Office. **Please turn in all documents requested ASAP to avoid delays in processing your Financial Aid.** If you have questions regarding verification, contact us at 913-360-7484 or [finaid@benedictine.edu](mailto:finaid@benedictine.edu).

### A. Student's Information

_____ Student's Last Name	_____ First Name	_____ M.I.	_____ Student's Last 4 of SSN
_____ Student's Street Address (include apt. no.)			_____ Student's Benedictine School ID#
_____ City State Zip Code			_____ Student's Phone Number

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

If the student is unable to appear in person at \_\_\_\_\_  
(Name of Postsecondary Educational Institution)  
to verify his or 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**, which is provided below, 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.

#### Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this  
(Print Student's Name)

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

\_\_\_\_\_ for 2023–2024.  
(Name of Postsecondary Educational Institution)

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

