Benedictine College – Financial Aid

2023-2024 Dependent 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.

A. Student's Inform Student's Last Name						
Student's Last Name	First Name	M.I.	Stude	nt's Last 4 of SSN		
Student's Street Address (include apt. no.)	Stude	Student's Benedictine School ID#			
City State Zip Code		Stude	Student's Phone Number			
B. <u>Identity and Stater</u>	ment of Education	nal Purpose (To	o Be Signed in t	he Presence of a Notary)		
If the student is unable t	to appear in person	ı at				
to verify his or her ident	tity, the student m		f Postsecondary E	ducational Institution)		
	ent below or that i	s presented to a		ation (ID) that is acknowledged s but not limited to a driver's		
notary statement ap	pears on a separate	e page than the	Statement of E	I below, must be notarized. If the ducational Purpose, there must b document notarized.		
	Statem	ent of Educati	onal Purpose			
I certify that I(Print Student's Name)			aı	am the individual signing this		
Statement of Ed	ducational Purpose		deral student fii	nancial assistance		
	•			pay the cost of attending		
				for 2023–2024.		
(Name of	f Postsecondary Educa	tional Institution)				
(Student)	's Signatura)		(Data)	(Student ID Number)		

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Notary's Certificate of Acknowledgement

City/County of			
On	before me,		;
(Date)		(Notary's name)	
personally appeared,			, and provided to me
on basis of satisfactory evidence	(Printed nam	e of signer)	
on busis of sunstactory evidence			government-issued photo ID provide
o be the above-named person	who signed the foreg		
WITNESS my hand and office (seal)	cial seal		
		(Notary s	ignature)
My commission expires on	(Date)		
C. Certifications and Sign	atures		
Each person signing below certificatent whose information was report misleading information on the	orted on the FAFSA m	nust sign and date. Warr	ning: If you purposely give fals
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