Benedictine College – Financial Aid

2024-2025 Dependent Verification Worksheet - V4

Your 2024–2025 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.

Student's Informatio	<u>on</u>					
Student's Last Name	First Name	M.I.	Stude	ent's Last 4 of SSN		
Student's Street Address (include apt. no.)			Stude	Student's Benedictine School ID#		
City State Zip Code			Stude	ent's Phone Number		
If the student is unable to verify his or her ident (a) A copy of the unex in the notary statemalicense, other state-i (b) The original Statematic in the	o appear in person ity, the student medical price of Education on the student is ssued ID, or passpecture of Education	(Name on the content of the content	f Postsecondary E Benedictine (Dhoto identific notary, such a	ducational Institution) College all items below: cation (ID) that is acknowledged is but not limited to a driver's d below, must be notarized. If the ducational Purpose, there must be		
				document notarized.		
	Statem	ent of Educati	onal Purpose			
Statement of Ed	(Print Stude lucational Purpose ill only be used fo	and that the fee	leral student fi	pay the cost of attending.		
(Name of	Postsecondary Educat	tional Institution)		for 2024–2025.		
(Student'	s Signature)		(Date)	(Student ID Number)		

Benedictine College – Financial Aid

Notary's Certificate of Acknowledgement

State of				
City/County of				
On, 1	before me,			,
personally appeared,	(Printed na	ame of signer)	, and provided	to me
on basis of satisfactory evidence to be the above-named person	ce of identification	(Type of unexpire	ed government-issued p	
WITNESS my hand and offic (seal)	cial seal. –	01	signature)	
My commission expires on	(Date)			
Certifications and Signatur	<u>res</u>			
Each person signing below certifice parent whose information was report misleading information on the	orted on the FAFSA	must sign and date. Wa	rning: If you purpo	
Print Student's Name		Student ID	Number	
Student's Signature	Date	Parent's Sig	gnature	Date
Completed form along with c Financial Aid Office 1020 N 2			e mailed to: Bene	dictine College

Electronic or faxed copies will not be accepted.