Financial Aid Priority Deadlines:
- Fall 2015: 07/01/15
- Spring 2016: 11/03/15
- Summer 2016: 04/01/16

As per federal regulation, Lanier Technical College must confirm the information you reported on your 2015-2016 Free Application for Federal Student Aid (FAFSA). To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to LTC’s financial aid office. Please note that we may ask for additional information. If you have questions about verification, contact our office as soon as possible so that your financial aid processing will not be delayed.

A. Independent Student’s Information (please print)

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Student’s M.I.</th>
<th>Student’s Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Street Address (include apt. no.)</th>
<th>Student’s Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student’s Home or Cell Phone Number (include area code)</th>
<th>Student’s ID Number (if known)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Independent Student’s Family Information

List below the people in your household. Include:

- Yourself
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2015 through June 30, 2016, or if the child would be required to provide your information if they were completing a FAFSA for 2015-16. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Include the name of the college for any household member, who will be enrolled, at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015, and June 30, 2016. If more space is needed, attach a separate page with the student’s name and Social Security Number at the top.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Missy Jones (example)</td>
<td>18</td>
<td>Sister</td>
<td>Central University</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. Independent Student’s Other Information to Be Verified

☐ Check this box if applicable: One of the persons listed in Section B of this worksheet benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2013 or 2014 calendar years. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.

☐ Check this box and complete the section below if the student and/or spouse, who is a member of the student’s household, paid child support in 2014, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2014 for each child.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name and Age of Child for Whom Support was Paid</th>
<th>Annual Amount of Child Support Paid in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Jones</td>
<td>Jane Smith</td>
<td>Terry Jones 11</td>
<td>$6,000.00</td>
</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td>Total Amount of Child Support Paid</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>$</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:
- A signed statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

D. High School Completion Verification

As per federal regulation, LTC’s financial aid office must receive documentation of your high school diploma, recognized equivalent or home-school credential. NOTE: The documentation must be submitted to the LTC Office of Financial Aid, even if previously provided to another LTC office/department (such as an admission office).

Check the one blank applicable to the documentation you will be submitting with this completed worksheet:

Copy of the student’s high school diploma:

☐ Copy of student’s high school diploma or final high school transcript showing the date the applicant completed secondary school.

OR

Copy of one of the recognized equivalents of student’s high school diploma:

☐ General Education Development certificate
☐ Certificate recognized by the state as an equivalent to a diploma
☐ For students who completed secondary education in a foreign country, a copy of the “secondary school leaving certificate” or other similar document
☐ Academic transcript showing successful completion of at least a two-year program fully acceptable toward a bachelor’s degree
☐ Documentation that the student excelled in high school if the student did not complete high school, acceptable only if the student is enrolling in at least an associate’s degree program.

OR

Copy of one form of home-school documentation:

☐ Transcript signed by student’s parent or guardian documenting the successful completion of secondary education and listing the courses completed by the student
☐ State-issued home-school certification credential
Student’s Name: __________________________________________ Student’s SSN: ________________

E. Identity Verification and Statement of Educational Purpose

The student must appear in person at Lanier Technical College to verify his or her identity by presenting a 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 collect the student’s ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

If the student is unable to appear in person at Lanier Technical College to verify his or her identity, the student must provide:

(a) A copy of the 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 (Print Student’s Name) this 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 2015-2016. (Name of Postsecondary Educational Institution)

_______________________________________    _______________
(Student’s Signature)                       (Date)

________________________
(Student’s ID Number)

Sworn to and Subscribed before me:

This ________ day of _____________________, 20_____

________________________________________________
(Notary Public)

My commission expires ____________________________
F. Certification and Signature

Each person signing this worksheet certifies that all of the information reported on this worksheet is complete and correct. The student and spouse (if applicable) must sign and date.

________________________________________________________________________
Student’s Signature Date

________________________________________________________________________
Spouse’s Signature (optional) Date

________________________________________________________________________
LTC Financial Aid Staff Member’s Signature (ONLY IF WITNESSING SIGNATURES)

________________________________________________________________________
LTC Financial Aid Staff Member’s Signature (IF SIGNED ABOVE, MUST ALSO COPY ORIGINAL ID’S)

You should make a copy of this worksheet for your records.

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sent to prison, or both.