

# University of the Virgin Islands - Office of Financial Aid 2022-2023 CUSTOM Verification Worksheet

V4 Dependent

Your 2022-2023 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal law states

that before any Federal Student aid can be awarded, you must confirm **Identity and Educational Purpose** as outlined in this worksheet.

The documents will be used to verify that the information reported on your FAFSA is correct. Any discrepancies will result in revision of your FAFSA. You must complete and sign the worksheet, attach all required documents, and submit to the University of the Virgin Islands Financial Aid Office. If you have questions about verification, contact us at <a href="mailto:financialaidstx@uvi.edu">financialaidstx@uvi.edu</a> or 340-692-4193, St. Croix or at <a href="mailto:financialaidstt@uvi.edu">financialaidstt@uvi.edu</a> 340-693-1090, St. Thomas.

#### What you should do

- Talk to your financial aid administrator if you have any questions about completing this worksheet.
- 2. Complete and sign the worksheet you and at least one parent.
- Submit the completed worksheet and any other required documents your school requests to your financial aid administrator.
- Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your FAFSA. You or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

A. Student's Information				
			I	
Last Name	First Name	M.I.	Last 4 Digits of SSN	ID Number
Mailing Address			Date of Birth	
City	State	Zip Code	Email Address	
Home Phone Number (include are	ea code)		Alternate or Cell Phone Number	

#### B. Dependent Student's Family Information

List below the people in your parents' household. Include:

- Yourself and your parents (including a step-parent) even if you don't live with your parents.
- Your parents' other children if your parents will provide more than half of their support from July 1, 2022 through June 30, 2023, or if the other children would be required to provide parental information if they were completing a FAFSA for 2022-2023. Include children who meet either of these standards, even if they do not live with your parents.
- Other people if they now live with your parents and your parents provide more than half of their support and will continue to provide more than half of their support from July 1, 2022 through June 30, 2023.

Include the name of the college for any household member, excluding your parents, who will be enrolled, at least half time (six credit hours) in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2022 and June 30, 2023. If more space is needed, attach a separate page with the student's name and UVI student ID number at the top.

Full Name	Age	Relationship	College/University	Will be Enrolled at least half time (6 or more credits)
Missy Jones (example)	18	Sister	Central University	Yes
		Self	University of the Virgin Islands	
Note: Additional documentation for th	e househo	old member(s) e	nrolled at an eligible postsecondary educational ir	nstitution may be required.

Student Name:	ld:	22-23 CUSTOM Verification Works	heet V4-Dependent pg. 2
C. Identity and Statement of Ed	lucational Purpose (See Enclosed S	Supplement Form) Student's Inform	nation
☐ If you are unable to submit this fo	n in person, you <u>must</u> complete <b>Section I</b> orm in person, you <u>must</u> complete <b>Sectio</b> ocument to your school's Financial Aid Of	on <b>F - Part 2</b> in the presence of a Notary F	•
D. Certification & Signatures			
Each person signing this worksheet certicomplete and correct. The student and	ifies that all of the information reported is one parent must sign this worksheet.	Warning: If you purposely give false this worksheet, you may be fined, b	
Student's Signature	Date	Parent's Signature	Date



Lertify that I

### **Section F - Part 1: Identity and Statement of Educational Purpose**

Last Name

First Name

M.I. Social Security Number

ID Number

If you are able to submit this form in person, you must complete Section F - Part 1 in the presence of your Financial Aid Officer at your school.

The student must appear in person at University of the Virgin Islands (Name of Postsecondary Educational Institution)

his or her identity by presenting a valid, not expired, government-issued photo identification (ID), such as, but not limited

to, a <u>driver's license</u>, <u>other state-issued ID</u>, or <u>passport</u>. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received 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 following:

### **Statement of Educational Purpose**

am the individual signing this

(Print Student's Name)	and the marriada signing t	
tatement of Educational Purpose and that the federal s	student financial assistance I may receive	e will only be used for
ducational purposes and to pay the cost of attending	University of the Virgin Islands (Name of Postsecondary Educational Institu	for 2022-2023.
(Student's Signature)	(Student's ID Number)	(Date)
Oj	ffice Use Only	
Financial Aid Officer's Name	Financial Aid Officer's Signature	 Date



## Section F - Part 2: Identity and Statement of Educational Purpose

				I
ast Name	First Name	M.I.	Social Security Number	ID Number
	ubmit this form in person, you <u>r</u> otarized documents to your sch			presence of a No
he student is unable	to appear in person at			to
rify his or har identity	, the student must provide:	(Name of Postsecon	dary Educational Institution)	
•	d, not expired, government-issue	ed photo identif	ication (ID) that is ackno	wledged in the
	nt below, such as, but not limited	•		-
	carized Statement of Educational I	Purpose provide	d below.	
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	<u>Statement of L</u>	uucationi	<u>ai Fui pose</u>	
I certify that I	(Print Student's Name)		_ am the individual signir	g this
	(Print Student's Name)			
atement of Education	al Purpose and that the federal st	udent financial	assistance I may receive v	will only be used fo
lucational purposes ar	nd to pay the cost of attending _			
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		(Nume of Postse	condary Educational Institutio	,
(Stud	lent's Signature)		ID Number)	(Date)
·	lent's Signature)	(Student's	ID Number)	<u></u>
<u>r</u>		(Student's	ID Number)	<u></u>
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State of On(Date)  (Printed name of signer)	Notary's Certificate, City/Co, before me,, and p	(Student's  of Acknow  ounty of  (Notary's name)  rovided to me o	wledgement, personally appeared to basis of satisfactory evi	d,
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State of On(Date) (Printed name of signer)	Notary's Certificate, City/Co, before me,, and p	(Student's  of Acknow  ounty of  (Notary's name)  rovided to me o	wledgement, personally appeared to basis of satisfactory evi	d,
State of On(Date)  (Printed name of signer)  Identification who signed the forest	Notary's Certificate, City/Co, before me,, and p, and p, and position of the position o	(Student's  of Acknow  ounty of  (Notary's name)  rovided to me o	wledgement, personally appeared to basis of satisfactory evi	d,
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State of On(Date)  (Printed name of signer)  Identification who signed the forest	Notary's Certificate, City/Co, before me,, and p, and p, and position of the position o	(Student's  of Acknow  ounty of  (Notary's name)  rovided to me o	wledgement, personally appeared to basis of satisfactory evi	d, dence of