Office of Financial Aid

(THIS FORM MUST BE RETURNED IN PERSON TO THE CAMPUS FINANCIAL AID OFFICE)

V4 CUSTOM VERIFICATION WORKSHEET 2014-2015

_____ _____

Student's Name (Please print) SCCC ID#

SNAP VERIFICATION:
As reported on the FAFSA, I certify that one or more members of my household received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) at some point during the 2012 or 2013 calendar years.

CHILD SUPPORT PAID VERIFICATION:
One (or both) of the student's parents or the student and/or spouse reported on the FAFSA paid child support in 2013. List the names below of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2013 for each child. If we have reason to believe that the information regarding child support paid is not accurate we may require additional documentation.

Note: This pertains to someone in your household who has paid out child support to a child in another household.

Name of Person who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Child Support was Paid	Amount of Child Support Paid in 2013
			$
			$
			$
			$
			$

Each person signing below certifies that all the information reported is complete and correct. If we have reason to believe that the information regarding the receipt of SNAP benefits OR Child Support Paid is inaccurate, we may require additional documentation.

Dependent Student – the student and one parent must sign.

Student _____ Date _____

Parent _____ Date _____

Independent Student – the student and/or spouse (if married) must sign.

Student _____ Date _____

Spouse_____ Date _____

PROOF OF HIGH SCHOOL COMPLETION: (Staff use only - Check which applies)

○ Copy of high school diploma
○ Copy of final official high school transcript that shows the date when the diploma was awarded
○ Copy of GED
○ Copy of document received. Date received _____ Accepted by: _____

Identity and Statement of Educational Purpose
(To be signed <u>in person</u> at the Campus Financial Aid Office)

You must appear in person at Suffolk County Community College to verify your identity by presenting valid government-issued photo identification, 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 with the date it was received and the name of the official at the institution authorized to collect the student's ID.

Statement of Educational Purpose:

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and pay the cost of attending Suffolk County Community College for 2014-2015.

_____ _____
Student's Signature Date

Reminder: This form must be returned in person to the campus Financial Aid Office.

Central Administration
533 College Road
Selden, NY 11784-2899
(631) 451-4112

Ammerman Campus
533 College Road
Selden, NY 11784-2899
(631) 451-4110

Michael J. Grant Campus
Crooked Hill Road
Brentwood, NY 11717-1092
(631) 851-6700

Eastern Campus
121 Speonk-Riverhead Road
Riverhead, NY 11901-3499
(631) 548-2500