

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

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 <u>financialaidstx@uvi.edu</u> or 340-692-4193, St. Croix or at <u>financialaidstt@uvi.edu</u> 340-693-1090, St. Thomas.

What you should do

- 1. 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.
- 3. Submit the completed worksheet and any other required documents your school requests to your financial aid administrator.
- 4. 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

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 area 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, <u>at least half time (six credit hours)</u> 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 in	stitution may be required.

C. Identity and Statement of Educational Purpose (See Enclosed Supplement Form) Student's Information

- 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.
- If you are unable to submit this form in person, you <u>must</u> complete Section F Part 2 in the presence of a Notary Public and mail the completed form and notarized document to your school's Financial Aid Office.

D. Certification & Signatures

Each person signing this worksheet certifies that all of the information reported is complete and correct. The student and one parent must sign this worksheet.

Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature

Date

Parent's Signature

Date



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 <u>must</u> 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
 to verify

 (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

I certify that I am the individual signing this					
(Print Student's Name)					
Statement of Educational Purpose and that the feder	ral student financial assistance I may rece	eive will only be used for			
educational purposes and to pay the cost of attendin	ng <u>University of the Virgin Islands</u> (Name of Postsecondary Educational Ins				
(Student's Signature)	(Student's ID Number)	(Date)			
	Office Use Only				
Financial Aid Officer's Name	Financial Aid Officer's Signature	Date			



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

				1
Last Name	First Name	M.I.	Social Security Number	ID Number
	omit this form in person, you carized documents to your so			presence of a Nota
f the student is unable to	o appear in person at		of the Virgin Islands Idary Educational Institution)	to
(a) A copy of a valid	the student must provide: , not expired, government-issu t below, such as, but not limite	ued photo identif	ication (ID) that is ackno	-
(b) The original nota	rized Statement of Educationa	l Purpose provide	d below.	
	Statement of I	Educationa	al Purpose	
I certify that I			_ am the individual signir	ng this
	(Print Student's Name)			
Statement of Educationa	Purpose and that the federal	student financial	assistance I may receive v	vill only be used for
educational purposes and	d to pay the cost of attending		of the Virgin Islands	for 2022-2023. m)
(Stude	nt's Signature)	(Student's	ID Number)	(Date)
<u>N</u> (otary's Certificate	e of Ackno	<u>wledgement</u>	
State of	, City/C	County of		
On <i>(Date)</i>	, before me,	(Notary's name)	, personally appeare	d,
(Printed name of signer)	, and	provided to me o	n basis of satisfactory evi	dence of
Identification		to	be the above-named per	son
(who signed the forego	<i>Type of government-issued photo ID</i> Ding statement.	provided)		
WITNESS my hand a	and official seal			
(seal)				
My commission exp	ires on		(Notary sign	ature)
	(Date)			