

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

V4 Independent

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.
- 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	on			
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. 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, 2022 through June 30, 2023, or if the child would be required to provide your 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 you.
- Other people if they now live with you, you 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 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)
Marty Jones (example)	28	Spouse	Central University	Yes
		Self	University of the Virgin Islands	
Note: Additional documentation for the household member(s) enrolled at an eligible postsecondary educational institution may be required.				

Student Name:	Name:la:		22-23 CUSTOM Verification Worksheet V4-Independent pg.		
C. Identity and Statement of Educa	ational Purpose (See Enclos	ed Supplement Form) Student's Ir	nformation		
•	in person, you <u>must</u> complete <b>S</b>	ion F - Part 1 in the presence of your Fiection F - Part 2 in the presence of a Nord Office.	•		
D. Certification & Signature					
I certify that all the information reported on this worksheet is complete and correct.  The student must sign this worksheet. If married, the spouse's signature is optional.		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	Spouse's Signature	Date		



**Identity and Statement of Educational Purpose** Section F - Part 1: Last Name Social Security Number First Name 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. **University of the Virgin Islands** The student must appear in person at \_\_\_\_\_ 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 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. 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 federal student financial assistance I may receive will only be used for **University of the Virgin Islands** educational purposes and to pay the cost of attending for 2022-2023. (Name of Postsecondary Educational Institution) (Student's Signature) (Student's ID Number) (Date) Office Use Only

Financial Aid Officer's Signature

Date

Financial Aid Officer's Name



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

				1	
Last Name	First Name	M.I.	Social Security Number	er ID Number	_
If you are unable to sub	mit this form in person, you <u>r</u>	<u>nust</u> complete	Section F - Part 2 ir	n the presence of a Nota	ır
Public and mail the not	arized documents to your sch	nool's Financial	Aid Office.		
				_	
If the student is unable to	appear in person at		of the Virgin Island		
verify his or her identity,	the student must provide:	iname of rosiscion	adiy Ladeational mistica	uon,	
	not expired, government-issue		• •	_	
and	t below, such as, but not limited	i to, a <u>driver s iic</u>	ense, otner state-iss	ued ID, or passport;	
(b) The original nota	rized Statement of Educational I	Purpose provide	d below.		
	Statement of E	ducationa	al Purnose		
	<u>Statement of E</u>	<u>aacationi</u>	<u> </u>		
Land of the Land				to at a substa	
i certify that i	(Print Student's Name)		_ am the individual s	igning this	
Statement of Educational	Purpose and that the federal st	tudent financial	assistance I may rece	eive will only be used for	
	•		·	·	
educational purposes and	d to pay the cost of attending _		of the Virgin Islan		
		(Name of Postse	condary Educational Ins	ututionj	
(Stud	lent's Signature)	(Student's	ID Number)	(Date)	
<u>N</u>	otary's Certificate	of Ackno	wledgemen	<u>t</u>	
State of	, City/Co	ounty of			
On	hoforo mo		norconally ann	oarad	
(Date)	, before me,	(Notary's name)	, personally app	eareu,	
	, and p	rovided to me o	n basis of satisfactor	y evidence of	
(Printed name of signer)					
Identification		to	be the above-name	d person	
(*	Type of government-issued photo ID p	rovided)			
who signed the forego	ping statement.				
WITNESS my hand a	and official seal				
(seal)					
My commission avail	iros on		(Notary	signature)	
My commission exp	(Date)	<del></del>			