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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 financialaidstx@uvi.edu or 340-692-4193, St. Croix or at financialaidstt@uvi.edu 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.
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. 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, 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)
<i>Marty Jones (example)</i>	28	<i>Spouse</i>	<i>Central University</i>	<i>Yes</i>
		Self	University of the Virgin Islands	

Note: Additional documentation for the household member(s) enrolled at an eligible postsecondary educational institution may be required.



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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** _____ 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 educational purposes and to pay the cost of attending _____ **University of the Virgin Islands** _____ for 2022-2023.
(Name of Postsecondary Educational Institution)

(Student's Signature)

(Student's ID Number)

(Date)

Office Use Only

Financial Aid Officer's Name

Financial Aid Officer's Signature

Date

