

2023-2024 VERIFICATION STATUS 4 INDEPENDENT WORKSHEET

A. Student's Information				
First Name	M.I	Last Name	Student ID Number	_
Address (include Apt. #)				_
City			Zip Code	_
Primary Phone #		Secondary Phone #		
Personal Email			Date of Birth	_

B. Number of Household Members and Number in College

List below the people in the **student's household**. Include:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2023, through June 30, 2024, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support, and will continue to provide more than half of that person's support through June 30, 2024.

Include in the space below information about any household member, who is, or will be, enrolled **at least half time** in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2023, and June 30, 2024, and include the name of the college.

If more space is needed, provide a separate page with the student's name and ID number at the top.

Full Name	Age	Relationship	College	Will be Enrolled at Least Half Time (Yes or No)
		Self	Del Mar College	

Note: We may require additional documentation if we have reason to believe that the information regarding the household members enrolled in eligible postsecondary educational institutions is inaccurate.

Student Name:	Student ID #:
C. Certifications and Signatures	
The student (and, if married) signing below certifies that all the information reported is complete and correct.	WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.
Student's Signature (Required)	Date
Spouse's Signature (Optional)	Date

Del Mar College Financial Aid Services Email: <u>financialaid@delmar.edu</u> http://www.delmar.edu East Campus: Harvin Center – Rm 263 Phone: (361) 698-1293 Fax: (361) 698-2017 West Campus: Coleman Center – Rm 140 Phone: (361) 698-1726 Fax: (361) 698-2695

Oso Creek: Student Services - Rm 111A&B

Identity and Statement of Educational Purpose (To Be Completed at the Institution)

Instructions: The student must appear in person at **Del Mar College** to verify their identity by presenting an unexpired valid 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must complete, in the presence of the institutional official, the Statement of Educational Purpose below.

I certify that I, (Print Student's Name)	, am the individual signing this
Statement of Educational Purpose and that the Federal student fina	ancial assistance I may receive will
only be used for educational purposes and to pay the cost of attend	ling Del Mar College for 2023-2024.
Student's Signature (Required)	Date
Student's ID Number	
Financial Aid Official's Signature	Date

Submit this worksheet to the financial aid administrator at Del Mar College.

Del Mar College is an Equal Opportunity/Affirmative Action Institution.

Identity and Statement of Educational Purpose

(To Be Signed in the Presence of a Notary)

If the student is unable to appear in person at Del Mar College to verify his or her identity, the student must provide to the institution:

- (a)A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- (b)The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I	am the individual signing his Stat	ement of
Educational Purpose and that th	ne Federal student financial assistanc	e I may receive will
only be used for educational pu	rposes and to pay the cost of attendi	ng Del Mar College
for 2023-2024.		
Student's Signature (Required)		Date
Student's ID		

Notary's Certificate of Acknowledgement

(Notary's certification may vary by State)

State of	City/County of		
On	(Date), before me,	(Notary's	
Name), personally appear	ared, , (Printed name of signer) a	and proved to me	
because of satisfactory e	vidence of identification	(Type of	
unexpired government-is	ssued photo ID provided) to be t	he above-name	
person who signed the fo	oregoing instrument.		
WITNESS my hand an	d official seal		
(Notary Signature)		_	
My commission expires	on (Date)		

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