

## COMPLETE AND RETURN TO:

4500 Steilacoom Blvd. SW Bldg 17, Room 130 Lakewood, WA 98499-4004

School Code: 015984

253.589.5660 office

253.589.5618 fax

## STUDENT AID & SCHOLARSHIPS INDEPENDENT VERIFICATION WORKSHEET 2021-2022 V4 EDUCATIONAL STATEMENT with NOTARY

\*DUE TO COVID 19, YOU MAY SUBMIT YOUR DOCUMENTATION VIA EMAIL TO FINAID@CPTC.EDU OR BY POSTAL MAIL.

**You must appear in person** before a Certified Notary of the Public and show them your valid government-issued photo ID **AND** sign the Educational Purpose Statement (section D) in the presence of the Certified Notary of the Public. You must then mail this worksheet, along with the original notary document, to the Student Aid & Scholarships Office.

The Student Aid & Scholarships office cannot process your application without this information.

**Federal Student Aid Programs** Your application was selected for review in a process called "Verification." In this process, the Student Aid & Scholarships Office will be comparing information from your FAFSA application with your financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your financial documents, corrections to your FAFSA may be required.

ist First Email	<i>MI</i> @student.cptc.edu	SSN	
		SSN	
Email	@student.cptc.edu		SID
Email	·	Data of Divil	<u>( )</u>
		Date of Birth	phone
: High School Completion Status			
se check only one box and provide required do	ocument(s)		
High School Diploma. Attached is a copy of m GED. Attached is a copy of my GED certificate Home School Graduate. Attached is a transcridocumenting the successful completion of sec	ipt signed by my parent or guardian lis		
: Required Signatures			
affirm that the information provided in this appears of my knowledge. I agree that I have review refer to receive financial aid for the 2021-2022 cademic Progress Policy available on the Financial	wed, understand and agree to the con academic year as stated in the Condit	ditions, responsibilit	ies and obligations in
udent Name:	Signature:		Date:

The college provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, marital status, creed, religion, or status as a veteran of war. Prohibited sex discrimination includes sexual harassment (unwelcome sexual conduct of various types).

D: Educational Purpose: Completion of this section MUST BE WITNESSED AND SIGNED BY A NOTARY OF THE PUBLIC.

If the student is unable to appear in person at Clover Park Technical College to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of	Educational	<b>Purpose</b>
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		m the individual signing this Statement of Educa		
purposes and to pay the cost of attending		· · · · · · · · · · · · · · · · · · ·	lionai	
(Student's Signature)		(Student's ID Number)		
	, ,	(continued visiting)		
Notary's Certificate of Acknowledgemen	t			
State of	City/Count	City/County of		
On, before me,				
(Date)	(Notary's name			
personally appeared,(Printed name of signer)		, and provided to me on basis of satisfactory e	vidence o	
identification	to be the a	above-named person who signed the foregoing		
	rnment-issued photo ID provide			
WITNESS my hand and official seal				
	M	My commission expires on		
(Notary signature seal)		ate)	_	