

## COMPLETE AND RETURN TO:

4500 Steilacoom Blvd. SW Bldg 17, Room 130 Lakewood, WA 98499-4004; finaid@cptc.edu

School Code: 015984

253.589.5660 office

253.589.5618 fax

## STUDENT AID & SCHOLARSHIPS INDEPENDENT VERIFICATION WORKSHEET 2023-2024 V4 EDUCATIONAL STATEMENT

**You must appear in person** and show a Student Aid & Scholarships staff member your valid government-issued photo ID **AND** sign the Educational Purpose Statement (section D) in the presence of a Student Aid & Scholarships Staff Member. If you are unable to appear in person, you must contact the Student Aid & Scholarships Office for further instructions.

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.

A: Student Information				
Last	First	MI	SSN	EMPL ID
		@students.cptc.edu		( )
	Email		Date of Birth	phone
D. High School	Completion Status			
D. HIGH SCHOOL	Completion Status			
Please check only on	e box and provide required do	cument(s).		
<ul><li>☐ GED. Attached is</li><li>☐ Home School Gr</li></ul>	a copy of my GED certificate.	or diploma or high school transcript ind ot signed by my parent or guardian lis ondary school.		
C: Required Sig	natures			
best of my knowle order to receive fi	dge. I agree that I have review nancial aid for the 2023-2024	olication and other Student Aid & Schowed, understand and agree to the conacademic year as stated in the Conditent Aid & Scholarships website.	ditions, responsibili	ties and obligations in
Student 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 BY A STUDENT AID & SCHOLARSHIPS STAFF MEMBER.

I certify that I and that the Federal student financial assistance I may receive w attending Clover Park Technical College for 2023-2024.	_	dual signing this Statement of Educational Purpose I for educational purposes and to pay the cost of
(Student's Signature)	(Date)	(Student's ID Number)
If you are unable to appear in person, you must contact the Student Aid	J & Scholarships o	office for further instructions.
(Witnessing Student Aid & Scholarships Staff Member's Signatur	re) (Date)	**Copy of valid government issued photo identification required. **