



Financial Aid  
 May Hall, Room 111  
 Dickinson State University  
 291 Campus Drive  
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday  
 Phone: 1-800-279-4295 ext. 2371 or 701-483-2371  
 Fax: 701-483-2409  
 Web: www.dickinsonstate.edu  
 Email: dsu.financialaid@dickinsonstate.edu

# 2017-2018 Custom Verification Worksheet Independent – V4

## A. Student Information

Last Name	First Name	M.I.	Student ID#
Student's Current Address			Social Security Number
City	State	Zip	Student's Telephone Number
E-Mail Address			Date of Birth

## B. Family Information: *Please carefully read the instructions when completing the section below.*

**Write your name and age on the first line.** If married, list the name and age of your spouse. **List your children born after 01/01/1994, only** if you (or your spouse) will provide more than 50% of their support from July 1, 2017 through June 30, 2018 **OR** if the children would be required to provide parental information when applying for Federal Student Aid. Include stepchildren, but not foster children. If listing an unborn child, please specify the due date.

**After listing household members, indicate** the name of the college for any household member who will be attending at least half time between July 1, 2017 and June 30, 2018 and will be enrolled in a degree program. If you need more space, attach a separate page.

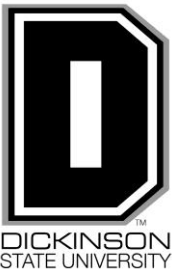
	Household Members First and Last Name	Age	Relationship to Student	Name of College
LIST ALL HOUSEHOLD MEMBERS	1.		STUDENT/SELF	Dickinson State University
	2.			
	3.			
	4.			
	5.			

## C. Sign this Worksheet

By signing this Verification Worksheet, you certify that all the information reported is true and accurate. **WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Student \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this worksheet and supporting documentation by email, fax, or mail to one of the addresses above.**



Financial Aid  
May Hall, Room 111  
Dickinson State University  
291 Campus Drive  
Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday  
Phone: 1-800-279-4295 ext. 2371 or 701-483-2371  
Fax: 701-483-2409  
Web: [www.dickinsonstate.edu](http://www.dickinsonstate.edu)  
Email: [dsu.financialaid@dickinsonstate.edu](mailto:dsu.financialaid@dickinsonstate.edu)

## 2017-2018 High School Completion Status

Provide one of the following documents that indicate the student's high school completion status when the student will begin college in 2017–2018:

A copy of the student's high school diploma.

A copy of the student's final official high school transcript that shows the date when the diploma was awarded.

A copy of the student's General Educational Development (GED) certificate or GED transcript.

An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.

If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.

If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

If the student is unable to obtain the documentation listed above, he or she must contact Student Financial Services.

Your financial aid will be on hold until this form has been received, reviewed, and the Verification process is complete. To ensure timely processing of your aid, we suggest that you submit this form to the addresses below **within 2 weeks**. Thank you for your cooperation and prompt response.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this worksheet and supporting documentation by email, fax, or mail to one of the addresses above.**



Financial Aid  
 May Hall, Room 111  
 Dickinson State University  
 291 Campus Drive  
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday  
 Phone: 1-800-279-4295 ext. 2371 or 701-483-2371  
 Fax: 701-483-2409  
 Web: [www.dickinsonstate.edu](http://www.dickinsonstate.edu)  
 Email: [dsu.financialaid@dickinsonstate.edu](mailto:dsu.financialaid@dickinsonstate.edu)

# 2017-2018 Educational Purpose Form

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

*If the student is unable to appear in person at Dickinson State University to sign this form in front of a Financial Aid employee, please see the back of this form.*

The student must appear in person at Dickinson State University Office of Financial Aid to verify his or her identity by presenting a 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 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 Dickinson State University for 2017-2018.

Your financial aid will be on hold until this form has been received, reviewed, and the Verification process is complete. Thank you for your cooperation and prompt response.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and/or reduction or immediate repayment of aid.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's ID \_\_\_\_\_

FA Employee's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_



Financial Aid  
 May Hall, Room 111  
 Dickinson State University  
 291 Campus Drive  
 Dickinson, ND 58601-4896

Office Hours: 7:45 a.m. - 4:30 p.m. Monday - Friday  
 Phone: 1-800-279-4295 ext. 2371 or 701-483-2371  
 Fax: 701-483-2409  
 Web: www.dickinsonstate.edu  
 Email: dsu.financialaid@dickinsonstate.edu

# 2017-2018 Educational Purpose Form

## Identity and Statement of Educational Purpose (To Be Signed With Notary)

If the student is unable to appear in person at Dickinson State University 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 Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational

(Print Student's Name)

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 Dickinson State University for 2017-2018.

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student's ID Number \_\_\_\_\_

### Notary's Certificate of Acknowledgement

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,

(Date)

(Notary's name)

personally appeared, \_\_\_\_\_, and provided to me

(Printed name of signer)

on basis of satisfactory evidence of identification \_\_\_\_\_

(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

\_\_\_\_\_ (Notary signature)

My commission expires on \_\_\_\_\_