2013-2014

El Camino College (ECC) - 16007 Crenshaw Blvd. ◆ Torrance, CA 90506 \$\mathbb{\alpha}\$1-310-660- 3493 ◆ \$\mathbb{\alpha}\$ www.elcamino.edu \\ \textbf{ECC Compton Center}\$ (COM) - 1111 E. Artesia Blvd., E-17 ◆ Compton, CA 90221 \$\mathbb{\alpha}\$1-310-900-1600 x 2935 ◆ \$\mathbb{\alpha}\$ www.compton.edu

Verification Worksheet - V4

Your 2013-2014 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The Financial Aid Office will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and at least one parent (if a dependent student) must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office. Please complete sections A-H in black or blue ink.

Last Name Sixtudent's Family Information	A. Student's Information	<u>n</u>				
Please check the box that indicates your current status. Write the names of all household members below. Attach a separate page if needed. Also write the name of the college for any household member, excluding your parent(s) who will be attending college at least half-time between July 1, 2013 and June 30, 2014, and will be enrolled in a degree, diploma, or certificate progran peperate include: Please include: Yourself and your parents; and Your parent(s) (including stepparent) even if you don't live with your parents; and Your parent(s), if (a) your parents will provide more than half of their support from July 1, 2013 through June 30, 2014, or (b) the children would be required to provide parental information when applying for Federal Student Aid; and Other people if they now live with your parents AND your parents provide more than half of their support AND will continue to provide more than half of their support from July 1, 2013 through June 30, 2014; and Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half-time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2013 through June 30, 2014. Attach a separate page if needed. * A student is considered dependent if he/she was required to provide parental data on the FAFSA Full Name Age Relationship College Will be Enrolled at Least Half-time Missy Jones (example) 18 Sister Central University Half-Time	El Camino College ID #	Last 4	Last 4 Digits of Social Security Number		Date of Birth (mm/dd/yyyy)	
Please check the box that indicates your current status. Write the names of all household members below. Attach a separate page if needed. Also write the name of the college for any household member, excluding your parent(s) who will be attending college at least half-time between July 1, 2013 and June 30, 2014, and will be enrolled in a degree, diploma, or certificate progran problem of the college for any household member, excluding your parent(s) who will be attending your parent(s) who will be attending your parent status. Write the name of all household member, excluding your parent(s) who will be attending your parent status. Write the name of all household member, excluding your parent(s) who will be tenrolled in a degree, diploma, or certificate program and your spouse, if married; and Please include: Yourself and your spouse, if married; and Your children, if you will provide more than half of their support from July 1, 2013 through June 30, 2014, even if they do not live with you; and Other people if they now live with your parents AND your parents provide more than half of their support from July 1, 2013 through June 30, 2014; and Include the name of the college for any household member, excluding your parent(s), who will be enrolled, at least half-time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2013 through June 30, 2014. Attach a separate page if needed. *A student is considered independent if he/she was not required to provide parental data on the FAFSA Full Name Age Relationship College Will be Enrolled at Least Half-Time Wissy Jones (example) 18 Sister Central University Half-Time						lle Name
Full Name Age Relationship College Will be Enrolled at Least Half-Time Missy Jones (example) 18 Sister Central University Half-Time	Please check the box that indicatif needed. Also write the name college at least half-time between Dependent Student* Please include: Yourself and your parent(s) (indon't live with your parents; and your parents; and your parents; and your parent(s') other children your parent(s'), if (a) your parent half of their support from July or (b) the children would be minformation when applying for the other people if they now live parents provide more than half continue to provide more than July 1, 2013 through June 30, Include the name of the college excluding your parent(s), who time in a degree, diploma, or postsecondary educational ins 2013 through June 30, 2014. * A student is considered degree.	ncluding step and a, even if they ents will provide to proof their supplement of their	e for any household n 3 and June 30, 2014, parent) even if you don't live with ide more than ugh June 30, 2014, vide parental dent Aid; and ents AND your bort AND will support from asehold member, led, at least half- gram at a me between July 1, rate page if needed.	nember, excluding and will be enrolled Independent Please include: • Yourself and y • Your children, support from J they do not live. • Other people if more than half provide more than half provide more than the provi	your pare ed in a de et student our spous if you will you you you had now of their such an half of 0, 2014; at time of the rogram at time between separate considered.	ent(s) who will be attending gree, diploma, or certificate programet. The provide more than half of their at through June 30, 2014, even if a; and white with you AND you provide apport AND will continue to of their support from July 1, 2013 and college for any household east half-time in a degree, diploma, a postsecondary educational even July 1, 2013 through June 30, page if needed. In the provide more than half of their support of their support and continue to of their support from July 1, 2013 and college for any household east half-time in a degree, diploma, a postsecondary educational even July 1, 2013 through June 30, page if needed. In the provide more than half of their support in a degree, diploma, a postsecondary educational even July 1, 2013 through June 30, page if needed. In the provide more than half of their support in a degree, diploma, a postsecondary educational even July 1, 2013 through June 30, page if needed.
y (1)	Full Name	Age	Relationship	College	e	
	Missy Jones (example)	18	Sister	Central Univ	ersity	Half-Time

St	udent's Name:		Last 4 digits of SSN:		
C.	SNAP Information to	Be Verified			
✓ Check the box below if someone in the student's parent's household (listed in Section B) receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as fo stamps) any time during the 2011 or 2012 calendar years.					
	One of the persons listed	in Section B of this worksheet rec	eived SNAP benefits in 2011	or 2012.	
) .	Child Support Informa	ition to Be Verified			
/	Check the box below and	complete section below if one	or both of your parents p	aid child support in 2012.	
	paid child support in 201 person to whom the child annual amount of child su	dependent, or one (or both) of you 2. I have indicated below the name support was paid, the names of the apport that was paid in 2012 for each apport. If you need more space, and urity Number at the top.	e of the person who paid the ce children for whom child such child. If asked by the scho	child support, the name of the pport was paid, and the total pool, I will provide documentate.	
	Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2012	
	Marty Jones (example)	Chris Smith	Terry Jones	\$6,000.00	
E.	High School Complet	ion Status I SCHOOL EQUIVALENCY AND	EVALUATION SHEET.		
		applies to you and attach an od States or foreign high school and	•		
	— •	Please do not abbreviate name)			
	☐ I completed a home scho	ool curriculum: Month	Year State:		
	☐ I received a General Edu	cational Development (GED): Mo	onth/ Year	_	
	☐ I passed the California H	ligh School Proficiency Examinati	on (CHSPE): Month	/ Year	
	☐ I graduated from a Unite	d States or a foreign college, unive	ersity, or post-secondary scho	ool with an AA, AS, BA, or B	
	Name of College or Univ	versity (Please do not abbreviate n	ame)	Month/ Year	

Complete sections F (Identity Verification) and G (Statement of Educational Purpose / Certification and Signatures).

Student's Name:	Last 4 digits of SSN:
	esent a valid government issued photo identification such as a fication, military identification, or passport.
	and Statement of Educational Purpose To Be Signed at the Institution)
verify his or her identity by presenting a verify his or her identity by presenting a verifyer's license, other state-issued identification that is annotated with authorized to verify the student's identification, the student must sign, in the process of the pr	ame of Postsecondary Educational Institution) alid government issued photo identification, such as, but not limited to, a ication, or passport. The institution will maintain a copy of the student's the date it was received and the name of the official at the institution ation. Dresence of the institutional official, the following: atement of Educational Purpose
I certify that I	am the individual signing this
Statement of Educational Purpose I may receive will only be used for	am the individual signing this s Name) e and that the federal student financial assistance e educational purposes and to pay the cost of attending for the 2013-2014 Academic Year. conal Institution)
Student's Signature	Date
Student's Identification Number	

lent's Name:	Last 4 digits of SSN:
heck the box below and complete the sec	ction if you are unable to appear in person.
	ned is a copy of a valid government issued photo identification identification, military identification, or passport and an origin lose.
	Statement of Educational Purpose Be Signed With Notary)
If the student is unable to appear in person	at (Name of Postsecondary Educational Institution)
to verify his or her identity, the student mus	(Name of Postsecondary Educational Institution) st provide:
	photo identification that is acknowledged in the notary statement ver's license, other state issued identification, or passport; and
(b) The original notarized Statement of Edu	ucational Purpose provided below.
Statem	nent of Educational Purpose
Statement of Educational Purpose a I may receive will only be used for e	am the individual signing this Name) and that the federal student financial assistance educational purposes and to pay the cost of attending for the 2013-2014 Academic Year. nal Institution)
Student's Signature	Date
Student's Identification Number	
Notary's C	Certificate of Acknowledgement
City/County of	
(Date) personally appeared,	(Notary's Name) , and provided to me
(Printer on basis of satisfactory evidence of identific	d Name of Signer) cation
to be the above-named person who signed	(Type of government issued photo ID provided)
WITNESS my hand and official seal	
(Seal)	(Notary Signature)
My commission expires on	ate)
(5)	ale)

student financial assistanc	nation reported on this verification worksheet is complete and correct and that the federal ay receive will only be used for educational purposes to pay the cost of attending El Camildemic Year. The student and one parent (if a dependent student) must sign and date below
Student's Signature	Date
Parent's Signature	Date
	ARNING: If you purposely give false or misleading formation on this worksheet, you may be fined, be

sentenced to jail, or both.

Last 4 digits of SSN:

Student's Name: