

## Financial Aid Office

*El Camino College* (ECC) - 16007 Crenshaw Blvd. ◆ Torrance, CA 90506 \$\mathbb{\alpha}\$1-310-660-3493 ◆ \$\mathbb{\alpha}\$ www.elcamino.edu *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

## **Dependent Student**

## 2017-2018 Verification Worksheet (V4)

Your 2017-2018 Free Application for Federal Student Aid (FAFSA) was selected for review by the U.S. Department of Education in a process called "Verification." We will compare information from your FAFSA with information on this worksheet and any other required documents. If there are differences your FAFSA information may need to be corrected. DIRECTIONS: Read and complete each section in blue or black ink. All requested documents must be submitted at the same time.

SECTION A: STUDENT INFO	ORMATION		
-			//
Last Name	First Name	MI	Date of Birth
		()	
El Camino College ID #	Last 4 Digits of Social Security Number	Telephone	Number to best reach you
SECTION B: HOUSEHOLD	<b>INFORMATION</b> (If more space is need	ed, provide	a separate page)
1. Yourself and your parent(s) even	en if you do not live with your parent(s).		
2. Your parent(s) other children e	ven if they do not live with your parent(s), if (	a) your parei	nts will provide more
	ugh June 30, 2018; OR (b) if the children wo		
information on the FAFSA.		1	

- Other people <u>only if</u> they now live with your parent(s) AND your parent(s) currently provide <u>more than half of their support</u> AND will continue to provide more than half of their support through June 30, 2018. <u>Do not include</u> any people who live with your parent(s) but support themselves with their own income, even if some household expenses are shared.
- 4. *Number in College*: Include in the space below information about any parent(s) household member, **excluding** your parent(s) **who is or will be enrolled at least half-time** in a degree, diploma, or certificate program at an eligible postsecondary education institution any time through June 30, 2018, and include the name of the college. The first line below should be completed by entering your own name, age, and planned enrollment at the college.

Full Name	Age	Relationship to Student	Full College Name <u>Do not list name(s) of colleges that</u> <u>your PARENT(S) attend.</u>	Will be Enrolled at least Half-Time?
		Self	El Camino College	□Yes □No
				□Yes □No

SECTION C: STUDENT HIGH S	SCHOOL COMPL	LETION STATUS	
Provide <u>one</u> of the following docume taking classes at El Camino College. F			
☐ A copy of the student's high scho	ol diploma.		
For students who completed seco certificate" or other similar docum	-	a foreign country, a copy of the "s	secondary school leaving
☐ A copy of the student's final office	cial high school tran	script that shows the date when	the diploma was awarded.
A state certificate or transcript received the state recognizes as the equival authorized examination).			
An academic transcript that indic program that is acceptable for ful		-	o-year college or university
For a student who was homescho completion credential for homesc that credential.			
For a student who was homeschoschool completion credential for transcript, or the equivalent, signocompleted and includes a statem a homeschool setting.	homeschooling (oth ed by the student's p	er than a high school diploma or parent, that lists the secondary scl	its recognized equivalent), a hool courses the student
<b>SECTION D: IDENTITY AND</b>	STATEMENT OF	EDUCATIONAL PURPOSI	
MUST BE SIGNED IN PERSON	AT THE CAMPUS	FINANCIAL AID OFFICE	
The student must appear in person at presenting a valid government-issued issued ID, passport, or military iden by the institution with the date it was authorized to collect your ID.	photo identification tification. The insti	n (ID) such as, but not limited to tution will maintain a copy of you	, a driver's license, state- our photo ID that is annotated
In addition, the student must sign, in purpose provided below.	the presence of the l	Financial Aid official, the Statem	ent of Educational
Statement of Educational Purpose	: (To be signed in the	ne presence of the Financial Aid	official)
I certify that I		am the individual si	gning this Statement of
( <i>Printed</i> Educational Purpose and that the fed purposes to pay the cost of attending Award Year.		•	•
Student's Signature:		_ Date: Student ID	Number:
<b>SECTION E: CERTIFICATION</b>	AND SIGNATUR	RES	
By signing below, I/we certify the inf Financial Aid Office to perform neces information reported on this form or or asked may be cause for denial, reduct purposely give false or misleading inf student, one parent whose information	ssary electronic corn n my FAFSA. I/we ion, withdrawal, and ormation, I/we may	rections on my behalf. I/we agree realize that any false statement of d/or repayment of my financial aid be fined, sentenced to jail, or bo	e to provide proof of any or failure to give proof when d. I/we also understand if I/we th. If you are a dependent
Student Signature		 Parent Signature	 Date

<sup>\*</sup>A student who is unable to submit this form in person must contact the financial aid office.