

University of South Carolina Beaufort

Financial Aid/Veterans Affairs Office 801 Carteret Street ♦ Beaufort, SC 29902

Office: 843-521-3104 **♦ Fax:** 843-521-3194 **♦** www.uscb.edu

Email: uscbfina@uscb.edu

2016-2017 Identity and Statement of Educational Purpose - V5

Your 2016-2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called **verification**. In order to process your financial aid for the 2016-2017 academic year, we need to gather additional information about you, as required by the U.S. Department of Education (*34 CFR*, *Part 668*).

Complete this verificatio your application without		nancial Aid/Veterans Affairs	Office as soon as possible. We d	cannot process
Last Name	First Name	Middle Name	Student VIP ID	-
Mailing Address (include A	pt. #)		Date of Birth	_
City	State	Zip Code	Home Phone	-
You must verify your ide	entity and sign a Statement of	Educational Purpose.		
☐ Complete and si -OR-		in the presence of one of our	USCB Financial Aid Representation of the pages to the Financial Aid C	
Ide	ntity and Statement of Ed	lucational Purpose (To B	e Signed at the Institution)	
government-issued photo	o identification, such as, but no the student's photo ID that is a	ot limited to a driver's license	to verify his or her identity by p e, other state issued ID, or passporeceived and the name of the off	ort. The institution
In addition, the student n	nust sign in the presence of the	e institutional official.		
	Staten	nent of Educational Purp	ose	
University of South Car satisfactory arrangements	assistance I may receive will orolina Beaufort for 2016-201 s to repay it, do not owe mone ollege if I default on a federal	only be used for educational properties 7. I also certify that I am not bey back on a federal student g	this statement of Educational Puburposes and to pay the cost of a in default on a federal student lorant or have made satisfactory areive a Federal Pell Grant from n	oan or have made rrangements to
Student's Signature		Date		
University Official's Sig	nature	Date		

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

If the student is unable to appear in person at The University of South Carolina Beaufort to verify his or her identity, the student must provide:

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledge 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 Purpos	e
ederal student financial assistance I may Iniversity of South Carolina Beaufort atisfactory arrangements to repay it, do	, am the individual signing this receive will only be used for educational pure for 2016-2017. I also certify that I am not in not owe money back on a federal student grantly on a federal student loan and will not receive	poses and to pay the cost of attending The default on a federal student loan or have man or have made satisfactory arrangements to
tudent's Signature	Date	
	Notary's Certificate of Acknowledge	ement
State of		
City/County of		Notary Seal
On, before me_		
(Date) Personally appeared,	(Notary's name) (Printed name of student)	
and provided to me on basis of satis	(Printed name of student) sfactory evidence of identification	
(Type of government to be the above-named person who	at-issued photo ID provided) signed the foregoing instrument.	
	al	
WITNESS my hand and official se		
WITNESS my hand and official se	(Notary's signature) (Date)	

High School Completion Status

Pro	vide one of the following doc	uments that indicate your high sch	ool completion status when you	will begin coll	ege in 2016 – 2017:			
	I have a High School Diploma − ☐ I am attaching a copy of my High School Diploma. ☐ I am attaching a copy of my final High School transcript, which includes that date I completed High School.							
	I have a GED ☐ I am attaching a copy of my GED Certificate. ☐ I am attaching a copy of my GED Transcript.							
	I received a State Certificate ☐ I am attaching the certificate recognized by the State of South Carolina as an equivalent to a diploma.							
	I was Home Schooled ☐ I am attaching a copy of my transcript or equivalent.							
	I have none of the above ☐ I am attaching a signed statement from my High School stating I excelled academically. ☐ I am attaching an academic transcript that indicates that I successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.							
		SNAP Benel	fits Received					
Did	l at least one person in your ho	ousehold receive benefits from the	SNAP (Food Stamp) program	during 2014 or 2	2015?			
	Name of Person Who Recei	ved SNAP in 2014 or 2015	List Student or the R	elationship to t	the Student			
		<u>Child Sur</u>	pport Paid					
Did	l at least one person in your ho	ousehold pay Child Support during	; 2015?	☐ Yes	□ No			
Na	me of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Child's Age	Annual Amount Paid in 2015			
					\$			
					\$			
					\$			
		at all the information reported on it is nial or repayment of financial aid and			ading information on			
Stud	dent's Signature	Date	Parent's Signature (required, if dependent) Date					
Spo	ouse's Signature (optional)	Date	Signature of person who paid child support Date					