

Office of Financial Aid, Pioneer Hall 190,

100 E. Claflin, Salina, KS 67401

Telephone: (785) 833-4315 *FAX*: (785) 404-1485 *Email*: finaid@kwu.edu

V4 Dependent Institutional VerificationWorksheet

IMPORTANT: Your FAFSA was selected by the U.S. Department of Education for a process called verification. The verification process will be conducted by Kansas Wesleyan University in accordance with U.S. Department of Education's rules 34 CFR, Part 668. We must collect this information before awarding federal Financial Aid. No further processing will be done until all documentation is provided. **SECTION A: STUDENT INFORMATION** I am completing FAFSA verification for the term(s): Fall 20______ Spring 20_____ Student Last Name Middle KWU Student ID # or Social Security Number First Date Student Email address Student Cell Phone number **SECTION B: STUDENT HIGH SCHOOL COMPLETION** Please select the box below for the statement which best describes you: I DID graduate from High School and have a high school diploma. Office Use Only: HS Transcript Ok: Yes or No IF NO: ☐ HS Transcript Requested from HS I DID receive a GED. □Aid Placed on Hold I DID graduate from a home school program. ☐ HS Transcript received Dt_ I DID NOT receive a high school diploma or its equivalent from any of ☐ HS Transcript Ok: Yes or No the above sources. If you graduated from high school, a home school program, or received a GED, your application and admission file will be reviewed for documentation appropriate to satisfy this federal requirement. If additional documents are needed, the Office of Financial Aid will email you at your KWU email account. If you were admitted with 24 or more semester hours, please have your official high school transcript or GED forwarded to the KWU Office of Financial Aid. **SECTION C: SIGNATURES** By signing this worksheet, I (we) certify that all information reported to qualify for federal student aid is complete and correct. At least one parent included on the FAFSA must sign. **Student Signature Date Parent Signature Date Parent Contact Information:** The Office of Student Financial Planning will use this information to contact the parents to quickly resolve questions

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Parent Name:

Parent Email Address:

Parent Cell Phone: (

to prevent delays in processing your awards.



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SECTION D: IDENTITY/ STATEMENT OF EDUCATIONAL PURPOSE

(To be completed in front of a Student Financial Planning Representative or Notary Public)

INSTRUCTIONS FOR SUBMISSION OF THIS FORM: (Please read carefully.)

- Option 1: Present this form IN PERSON to the Kansas Wesleyan University Office of Financial Aid along with an unexpired valid, government-issued photo identification (i.e. driver's license, state-issued photo identification, military identification, or passport). If you present this form in person to the KWU Office of Student Financial Planning, we will maintain a copy of your government photo identification and date received and name of official who collected it.
- Option 2: If you are unable to present this form in person to KWU Office of Student Financial Planning, you MUST SIGN BELOW IN THE PRESENCE OF A NOTARY PUBLIC to have this form notarized. Notary publics can typically be found at banking institutions and government offices such as your local County Clerk.

IMPORTANT: Please read and sign the Statement of Educational Purpose below indicating that the statement and all other information contained on this worksheet is true and correct. WARNING! If you purposely give false or misleading information to help establish eligibility for federal student aid, you may be subject to a federal fine, a prison sentence, or both. By signing this statement, you certify that all the information reported in and for this student's application for financial aid is complete and accurate.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I		am the individual signing this Statement	
	(Student Printed Name)		
of Educational Purpose and	d that the Federal student fi	inancial assistance I may receive will only be used for	
educational purposes and	to pay the cost of attending	Kansas Wesleyan University for the academic year of	
this verification.	. ,	,	
tins vermodelon.			
Student Signature	Date	Student ID Number	
NOTARY'S CERTIFICATE OF AC	KNOWLEDGEMENT		
(for those unable to appear in	person in the KWU Student Finan	icial Planning Office)	
State of	. City/Coun	utv of	
On this date of	ate of, City/County of n this date of, before me (notary's name),,		
personally appeared (name of	person signing this form)		
and proved to me on basis of s	atisfactory evidence of identificat	tion (type of government-issued photo ID provided)	
		bove-named person who signed the foregoing instrument.	
WITNESS my hand and official	seal:		
		My commission expires on:	
Notary Public's Signature		Date	
KWU SFA ONLY:			
Government ID accepted by		Date:	
Attach photocopy of	f student's government Issued ID.		
C Entered on FAA Access-On	-Line on Dateb	y Initials Attach FAA Access Online print-out.	

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