2024-2025 WVNCC Dependent Verification Worksheet



			N		
Student's: Last Name	First Name	M.I.	Student ID #		
Email Address:	@mail.wvncc.edu –	All corre	espondence from our office w	ill be sent h	nere
Your FAFSA was selected for review in a process called "Verification." In this process WVNCC is required to compare information from your FAFSA with other documentation. The law says we have a right to ask you for this information before awarding federal aid. If there are differences between your FAFSA and your financial documents we may need to send corrections electronically to have your information reprocessed.		What you should do Complete this worksheet. ALL SECTIONS MUST BE FILLED IN You and one parent/step-parent MUST sign the worksheet. Send or take the completed worksheet to the Financial Aid Office or your Campus Service Center at WVNCC. We must review the requested information under the financial aid program rules (CFR Title 34, Part 668).			
	completed in person at the Financial Aid Office or w RE MUST BE WITNESSED BY WVNCC FINANC				
**If you are unable to appear	in person, please contact the WVNCC Financial Aid Calternative option.	Office at 3	04-233-5900 or <u>financialaidoffice</u>	@wvncc.edu	for an
A. Statement of Educat	tional Purpose**				
I certify that I		_am the in	ndividual signing this Statement of	Educational	
Purpose and that the Federa	int Student's Name) I student financial assistance I may receive will only be A NORTHERN COMMUNITY COLLEGE for 202		educational purposes and to pay the	ne cost of	
Student's Signature		Date			
B. <u>Proof of Identity**</u>					
	person at WEST VIRGINIA NORTHERN COMMU tent-issued photo identification (ID), such as, but not li				
Student has shown pro	oof of identity by providing the following government-	issued pho	oto id:		
	, a copy was made and attached by:				
	WVNCC Fina	ncial Aid (Office Staff or Designee Signature	Date	
C. <u>Certification and Si</u>	<u>gnatures</u>				
	ly give false or misleading information on this wo nt may be subject to disciplinary action as stated i				h,
By signing this workshee	et, I certify the information reported is complete a	nd correc	et.		
Student's Signature			Date		