

INDEPENDENT VERIFICATION WORKSHEET (V4) 2016 – 2017

Custom Verification

Your application for financial aid was selected for review in a process called "Verification". Please submit the documentation as soon as possible but no later than 120 days after your last day of enrollment, or by September 2017, whichever occurs first. No funds will be disbursed until the verification process is completed. Failure to complete the verification process by the deadline will result in your ineligibility for Title IV funds for the award year. The law states we have the right to ask you for this information before awarding any federal aid. If there are differences between the information supplied on your federal application and your financial documents, we will need to correct this information. We must review the required information under the financial aid program rules (34 CFR, Part 668).

The Department of Education has requested that the institution verify certain items for a student selected for this review. All of the verification items are listed on this Worksheet and must be verified to determine Title IV eligibility.

To review the status of your awards, please visit your GCU Student Portal at http://my.gcu.edu.

All fields are required to be completed. If you have any questions, please contact your GCU Student Services Counselor.

A. Student Information					
STUDENT NAME:		GCU STUDENT NUMBER:			
Address:		Date of Birth:			
City:	State: Zip:	Phone No.:			
B. Child Support Paid					
Please indicate below if you	and/or your spouse paid child supp	ort in 2015.			
support, to whom the ch	paid child support in 2015. OR child support in 2015. I have indic ild support was paid, the name and of child support that was paid in 20	d age of the child for whom child s	•		
Full Name of Person Who Paid Child Support	Full Name of the Person to Whom Child Support was Paid	Full Name of Child for Whom Support Was Paid	Age of Child	Amount of Child Support Paid in 2015	

STUDENT NAME:	GCU STUDENT NUMBER:			
C. Proof of Identity/Statement of Educational Purpose: COMPLETE EITHER SECTION 1 OR SECTION 2				
photo identification (ID), such as, but not maintain a copy of the student's photo ID and the name of the official at the institut	d Canyon University Official I to verify his or her identity by presenting an unexpired valid government-issued limited to, a driver license, other state-issued ID, or passport. The institution will that is annotated by the institution with the date it was received and reviewed, ion authorized to receive and review the student's ID. Deresence of the institutional official, the Statement of Educational Purpose below.			
Statement of Educational Purpose				
Statement of Educational Purpose and that the	(Print Student Name) am the individual signing this he Federal student financial assistance I may receive will only be used for attending Grand Canyon University for 2016-2017.			
Student Signature:	Date:			
 the following via mail to the address listed at the A. A copy of the unexpired valid government presented to a notary, such as, but not B. The original Statement of Educational February 	GCU to verify his or her identity, the student must provide to the institution ne bottom of this page: dent-issued photo ID that is acknowledged in the notary statement below, or that is at limited to, a driver license, other state-issued ID, or passport; and Purpose provided below, which must be notarized. If the notary statement ment of Educational Purpose, there must be a clear indication that the Statement			
·	ent of Educational Purpose			
Statement of Educational Purpose and that t	(Print Student Name) am the individual signing this he federal student financial assistance I may receive will only be used for attending Grand Canyon University for 2016-2017.			
Student Signature:	Date:			
Notary's Certificate of Acknowledgement				
State of	State of City/County of			
On(Date)	, before me,, (Notary's Name)			
personally appeared,	and provided to me on basis of satisfactory			

(Printed Name of Signer)

(Type of government-Issued Photo ID)

Mail this document and a copy of the Photo ID presented (e.g. driver license) to the Notary to: Grand Canyon University, Office of Financial Aid, P.O. Box 11549, Phoenix, AZ 85061

WITNESS my hand and official seal (seal)

evidence of identification

the foregoing instrument.

California Notaries: Using the separate CA notary form is acceptable as long as the type of photo ID presented is noted on the form.

(Date)

to be the above-named person who signed

(Notary Signature)

My commission expires on _

STUDENT NAME:	GCU STUDENT NUMBER:
D. Supplemental Nutrition Assistance	Program (SNAP)
	household* received benefits from the Supplemental Nutrition Assistance nps) any time during the 2014 or 2015 calendar years.
\square At least one of the persons in the housel	hold received SNAP Benefits in 2014 or 2015 OR
☐ None of the household members receive	ed SNAP Benefits in 2014 or 2015
*People in your parent's household include: • Yourself • Your spouse (if married)	
Your children, if any, if you will provide more even if they do not live with you.	than half of their support from July 1, 2016, through June 30, 2017,
	ved more than half their support from you and will continue to receive gh June 30, 2017
E. High School Completion Status	
As this is documentation already required for a	d by the Department of Education to verify your high school completion status. admission into Grand Canyon University, our office will work with the Office of abmitted the appropriate document(s) to confirm your high school completion
	e contacted by your GCU Student Services Counselor and asked to gh school transcripts indicating a graduation date or copy of a GED.
F. Certification and Signature (Handwr	itten Signature Required – Typed/Electronic Signature Not Accepted)
By signing below the student certifies that all c	of the information reported is complete and correct.
Student Signature:	Date:

WARNING: If false or misleading information is given on this worksheet, student may be fined, sentenced to jail, or both