2016–2017 TUSM Verification Worksheet (V4)

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Please complete and sign the TUSM institutional verification document, attach any required documents, and submit the form and other required documents to the Office of Financial Aid. We may ask for additional information after reviewing this document. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student’s Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Student ID Number or SSN</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Date of Birth</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Email Address</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Cell Phone Number</th>
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</thead>
</table>

B. Supplemental Nutrition Assistance Program

Check the appropriate box below:

☐ No one listed in the household received SNAP benefits in 2014 or 2015.

☐ Yes, one of the persons listed in Section B of this worksheet received SNAP benefits in 2014 or 2015. I will provide documentation of the receipt of SNAP benefits during 2014 and/or 2015 if requested.

C. Child Support Paid

Check the appropriate box below:

☐ No child support was paid for individuals outside of the household in 2015.

☐ Yes, child support was paid by myself (or spouse if married) in 2015. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. I will provide additional documentation if requested.

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name of Child for Whom Support Was Paid</th>
<th>Amount of Child Support Paid in 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>
D. High School Completion

Provide one of the following documents that indicate the student’s high school completion status when the student will begin college in 2016–2017:

☐ A copy of the student’s high school diploma.

☐ A copy of the student’s final official high school transcript that shows the date when the diploma was awarded.

☐ A copy of the student’s General Educational Development (GED) certificate or GED transcript.

☐ An academic transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor’s degree.

☐ If State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.

☐ If State law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the student’s parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.

*If the student is unable to obtain the documentation listed above, he or she must contact the financial aid office.*

E. Verification Identity and Statement of Educational Purpose

The student must appear in person at Tufts University’s School of Medicine Office of Financial Aid to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver’s license, other state-issued ID, or passport. The institution will maintain a copy of the student’s photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student’s ID.

The student must complete and sign in the presence of a TUSM Financial Aid Staff member:

**Statement of Educational Purpose**

I certify that I, __________________________, am the individual signing this Statement of Educational Purpose and (Student’s name)

that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Tufts University School of Medicine for 2016-2017.

________________________________       ____________
Student’s Signature                  Date                  Student’s ID Number

OFFICE USE ONLY

Verification of Government Issued ID (check which document is copied for review)

________Driver’s License _______ Non-Driving State ID _______Military ID _______Passport

Received by: __________________________ Signature: __________________________ Date: __________________
THE NOTARY’S CERTIFICATE OF ACKNOWLEDGEMENT IS ONLY REQUIRED IF YOU ARE UNABLE TO COMPLETE AND SIGN THE ABOVE STATEMENT OF EDUCATIONAL PURPOSE, AND WITNESSED BY A TUSM FINANCIAL AID STAFF MEMBER. IF SO, YOU MUST SIGN THE STATEMENT OF EDUCATIONAL PURPOSE IN THE WITNESS OF A NOTARY PUBLIC AND HAVE THEM ATTEST TO THE FOLLOWING:

Notary’s Certificate of Acknowledgement

State of ____________________ City/County of ___________________________ On __________________

before me, ____________________________, personally appeared, ____________________________ and ____________________________, (Notary’s name) (printed name of signer) proved to me on basis of satisfactory evidence of identification ____________________________ (Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal ____________________________ (Notary signature) (Date Commission Expires)

(Seal)

Certification and Signature

Each person signing below certifies that all of the information reported is complete and accurate.

________________________________________  __________________________  __________________________
Student’s Name  Student’s Signature (Required)  Date

________________________________________  __________________________  __________________________
Spouse’s Name  Signature (Optional)  Date

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.