



AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799
Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

2018—2019
V4-Custom Verification

Your application for federal financial aid was selected for review in a process called “Verification.” In this process, we will be comparing information from your FAFSA application with your Federal tax information, W-2 forms and/or other financial documents. The law says we must ask you for this information before awarding financial aid. If there are differences between your application information and your financial documents, corrections will need to be made to your application and your information will be reprocessed.

You must complete and sign the worksheet and submit it along with any documents requested below. We cannot continue processing your financial aid application and will not award you any federal aid until verification has been completed. Contact our office if you need assistance in filling out this form at (684) 699-9155 or faid@amsamoa.edu.

I: STUDENT INFORMATION

_____	_____	_____	_____
Last Name	First Name	M.I.	Home/Cell Phone
_____		_____	
Address (P.O. Box, Village, City, State, Zip Code)		Email Address	

II: HIGH SCHOOL COMPLETION STATUS

The Student will provide the Financial Aid Office with one of the following documents that indicate his/her high school completion status at the start of the 2018-2019 Academic Year.

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 Education Development (GED) certificate or GED transcript.

If homeschooled, a copy of a state secondary school completion credential, OR, 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.

A copy of the student’s high school diploma.

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

SIGN HERE: I/we, the student/spouse, certify that all the information reported to qualify for Federal Student Aid is complete and correct. We also certify that we understand that the Financial Aid Office may request additional information to verify information reported on this form.

_____	_____	_____	_____
Student (sign)	Date	Spouse (sign)	Date

Please continue to next page in order to complete verification

III: IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE—complete A “or” B...NOT BOTH

A. I, the student, am **able to appear in person** at the American Samoa Community College Financial Aid Office to verify my identity by presenting a valid government-issued photo identification (ID), such as, but not limited to a driver’s license, other state-issued ID, or passport. A copy of my identification will be retained by the Financial Aid Office.

Please sign the following Statement of Education Purpose *in the presence of a Financial Aid Official*:

I certify that I, X _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending the American Samoa Community College for 2018—2019.
Print Student's Name

X _____ Date _____
(Student’s Signature) (Student’s ID Number)

B. I, the student, am **NOT able to appear in person** at the American Samoa Community College Financial Aid Office to verify my identity. I have provided the following:

- (i) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as, but not limited to a driver’s license, other state-issued ID, or passport.
- (ii) The original notarized Statement of Educational Purpose provided below.

I certify that I, X _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending the American Samoa Community College for 2018—2019.
Print Student's Name

X _____ Date _____
(Student’s Signature) (Student’s ID Number)

NOTARY’S CERTIFICATE OF ACKNOWLEDGEMENT

State of: _____

City/County of: _____

On _____, before me, _____,
(Date) (Print Notary’s Name)

personally appeared, _____, and provided me on basis of
(Print Student/Signer’s Name)

satisfactory evidence of identification _____ to be the above-
(Type of government-issued photo ID provided)

named person who signed the forgoing instrument.

(Notary’s Signature)

*WITNESS my hand and
official seal*
(Seal)

My Commission expires on: _____
(Date)