



# 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](mailto:faid@amsamoa.edu)

**2017—2018  
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](mailto: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 2017-2018 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 2017—2018.  
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 2017—2018.  
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)