Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

2015—2016 V4-Custom Verification

Your application for federal financial aid was selected for review in a process called "Verification." In the process, we will be comparing information from your FAFSA application with THIS document. 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 until verification has been completed.

Last Name	First Name	M.I.	Student ID #
Address (P.O. Box,	Village, City, State, Zip Coo	Date of Birth	
Email Address			Home/Cell Phone
II: SNAP (FOOD S	TAMP) BENEFIT VERII	FICATION	
	•		SA) receive benefits from the Supplemental
Nutrition Ass	stance Program or SNAP (f	formerly known	as food stamps) any time during 2014 or 2015
YES	NO NO		
III: HIGH SCHOO	L COMPLETION STAT	US	
_	provide the Financial Aid Office status at the start of the 2015-		following documents that indicate his/her high ear.
\square A copy of the	e student's final official high	h school transcri	ipt that shows the date when the diploma was
awarded.			
\Box A copy of the	e student's General Education	on Development	t (GED) certificate or GED transcript.
☐ If homeschool	oled, a copy of a state secon	dary school con	npletion credential, OR, a transcript or the
equivalent,	signed by the student's pare	nt or guardian, t	hat lists the secondary school courses the
student com	pleted and documents the si	uccessful compl	etion of a secondary school education in a
homeschool	setting.		
☐ A copy of the	e student's high school diplo	oma.	
☐ An academic	transcript that the student s	uccessfully com	pleted at least a two-year program that is
accentable f	or full credit toward a bache	alor'a dograd	

please continue to next page in order to complete verification

IV: IDE	NTI	TY AND STATEM	ENT OF EDUCA	ATIONAL PU	RPOSE—complete A "or" B <u>NOT</u>			
A	to lir	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, Print Student's Name 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 2015—2016.						
	Pl							
		(Student's Signatu	ure)	Date	(Student's ID Number)			
В		I, the student, am <u>NOT</u> able to appear <u>in person</u> at the American Samoa Community College Financial Aid Office to verify my identity. I have provided the following:						
	(i)	(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	(ii) The original notarized Statement of Educational Purpose provided below.						
		I certify that I, X ame 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 2015—2016.						
		(Student's Signatu	ıre)	Date	(Student's ID Number)			
		NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT						
		State of:						
		City/County of:						
				ore me,				
		(Date personally appear	ed,(Print Stud	(Print Notary's Name), and provided me on basis of				
		satisfactory evide	to be the above-					
		(Type of government-issued photo ID provided) named person who signed the forgoing instrument.						
					WITNESS my hand and official seal			
		(Nota My Commission	ry's Signature) expires on:		(Seal)			
		1.15		(Date)				