2017-2018 - V4 Custom Verification Group Form



Student's Name		Banner ID
Address		City, State, Zip
		Phone Number
You must provide one of the foll completion status when the students	_	uments that indicate the student's high school egin college 2017-2018.
 (c) A copy of the student's General Edu (d) An academic transcript that indicate acceptable for full credit toward a b (e) If state law requires a homeschoole homeschool (other than a high scho (f) If state law does NOT require a hom homeschool (other than a high scho signed by the student's parent or gu 	high school tra icational Devel es the student s achelor's degre d student to ol ool diploma or i neschooled stud ool diploma or i uardian, that lis	enscript that shows the date when the diploma was awarded. Topment (GED) certificate or GED transcript successfully completed at least a two-year program that is ee. btain a secondary school completion credential for its recognized equivalent), a copy of that credential dent to obtain a secondary school completion credential for its recognized equivalent), a transcript or the equivalent, sts the secondary school courses the student completed and ary school education in a homeschool setting.
CERTIFICATION Must be signed	by hand in ink	
application for financial assistance is complete a	ınd correct. If de _l	ported on this Verification Form in support of the student's pendent, at least one parent must sign. on on this worksheet, you may be fined, sentenced to jail, or both.
Student Signature	 Date	Parent Signature (dependent students only) Date

JCU will compare the FAFSA with the information on this worksheet and other required documents, any differences will be corrected which may result in a change to the financial aid award No Federal Aid can be disbursed until this form is complete and the documentation requested has been submitted. This form & documentation should be faxed to 216.397.3098, e-mailed to enrollment@icu.edu, or mailed to John Carroll University, Office of Student Enrollment and Financial Services, 1 John Carroll Blvd., University Heights, OH 44118. If you have questions about completing this form you can call 888.335.6800

Parent's E-mail Address

Student's E-mail Address

****PLEASE COMPLETE REVERSE SIDE ****

You must also document your identity and complete the Statement of Educational Purpose

Identity and Statement of Educational Purpose

TO BE SIGNED AT THE INSTITUTUION

The student must appear in person at John Carroll University to verify his or her 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. 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.

In addition, the student must sign, in the presence of the institutional official, the following;

Statement of Educational Purpose

(Print Student's Name)	receive will only be used for educational purposes and to pay the
(Student's Signature)	(Date)
(Student's ID Number)	
John Carroll University official collecting the documenta	ation
Date	

Please make sure the driver's license, government issued ID or passport is not expired.