



**Financial Aid Office
2024-2025 DEPENDENT
VERIFICATION WORKSHEET
Federal Student Aid Programs**

V4
Dependent
Custom
Verification

Your application was selected for review in a process called "Verification." In this process, the Financial Aid Office will compare information you provide with your FAFSA. The law requires each institution to collect and verify this information before awarding Federal aid. If there is a difference between your FAFSA and information on any of your verification documents, the college may ask for further information from you and/or make the correction electronically.

Complete this verification form and submit it to your financial aid administrator as soon as possible. The Financial Aid Office cannot process your application without this information.

Student Information

Last Name: _____ First Name: _____ M.I.: _____

Student ID Number: _____

Email: _____ Phone number (###--###-####): _____

***A person is considered dependent if he/she was required to provide parental information on the FAFSA.**

Student – Identity Verification

I am appearing in person with my valid government-issued photo identification (driver's license, state identification card, or passport). The Financial Aid Office will maintain a copy of your photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect your ID.

FAO use only: Made copy Date Stamped Staff signed

I am attaching a notarized copy of my valid government-issued photo identification (unexpired driver's license, state identification card, or passport)

Student – Statement of Educational Purpose

I am appearing in person to sign the statement below (**must** sign statement in front of financial aid staff).

I am unable to appear in person to submit the below statement and have had the statement notarized (Community Colleges of Spokane does not reimburse for any fees associated in the notarizing process).

I certify that I _____ (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 educational purposes and to pay the cost of attending _____ (Name of Postsecondary Institution) for 2024-2025 academic year.

Spokane Community College
1810 N Greene Street MS 2152, Spokane WA
99217

Spokane Falls Community College
3410 W Whistalks Way MS 3172, Spokane, WA 99224

Student Signature

Date

Student ID Number

Notary's Certificate of Acknowledgement

****This section cannot be completed by an electronic notary service****

State of _____ City/County of _____ On _____, before me,
(Date)
_____ personally appeared, _____, and provided to me on
(Notary's Name) (Print Student Name)
basis of satisfactory evidence of identification _____ to be the above-named person who signed the
(Type of government-issued photo ID provided)
foregoing instrument.

WITNESS my hand and official seal _____
(seal) (Notary signature)

My commission expires on _____
(Date)

Sign the Worksheet

I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge. In order to receive financial aid for the 2024-2025 academic year, I agree that I have reviewed, understand and agree to the conditions, responsibilities and obligations as stated in the Award Terms and Conditions and Satisfactory Academic Progress Policy, available on the Financial Aid website.

Student Signature	Date	Parent Signature	Date
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Spokane Community College
1810 N Greene Street • MS 2152 • Spokane WA 99217
Fax: 509-533-7425 • Website: www.scc.spokane.edu
E-mail: fsc@fcc.spokane.edu

Spokane Falls Community College
3410 W Whistalks Way • MS 3172 • Spokane WA 99224
Fax: 509-533-3547 • Website: www.sfcc.spokane.edu
E-mail: sfcc.finaid@sfcc.spokane.edu

Community Colleges of Spokane does not discriminate on the basis of race, color, religion, national origin, sex, disability, sexual orientation or age in its programs, activities or employment. Direct all inquiries regarding equal opportunity compliance and/or grievances to chief strategy and administration officer, CCS, 501 N. Riverpoint Blvd., P.O. Box 6000, MS1004, Spokane, Wash. 99217-6000. Direct all inquiries or grievances regarding access and Title IX to the chief compliance officer, 2917 W. Whistalks Way, MS 3027, Spokane, Wash. 99224.