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| CPTC Logo | **COMPLETE AND RETURN TO:**  4500 Steilacoom Blvd. SW Bldg 17, Room 130  Lakewood, WA 98499-4004; finaid@cptc.edu  **School Code: 015984**  253.589.5660 office 253.589.5618 fax |

# **STUDENT AID & SCHOLARSHIPS**

# **DEPENDENT VERIFICATION WORKSHEET 2024-2025**

# **V4 EDUCATIONAL STATEMENT**

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| **You must appear in person** and show a Student Aid & Scholarships staff member your valid government-issued photo ID **AND** sign the Educational Purpose Statement (section D) in the presence of a Student Aid & Scholarships Staff Member. If you are unable to appear in person, you must contact the Student Aid & Scholarships Office for further instructions.  The Student Aid & Scholarships office cannot process your application without this information. |

**Federal Student Aid Programs** Your application was selected for review in a process called “Verification.” In this process, the Student Aid & Scholarships Office will be comparing information from your FAFSA application with you and your parent(s)’ financial documents. We are required to review your FAFSA information under financial aid program rules (34 CFR, Part 668). The law says we have the right to ask you for this information before awarding Federal aid. If there are differences between your application information and your finan­cial documents, corrections to your FAFSA may be required.

## **A: Student Information**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
| *Last* |  | *First* |  | *MI* |  | *SSN* |  | *STU ID#* |
|  |  |  |  | @students.cptc.edu |  |  |  | ( ) |
|  | *Email* |  |  |  |  | *Date of Birth* |  | *phone* |

## **B: High School Completion Status**

Please check only one box and provide required document(s).

* **High School Diploma**. Attached is a copy of my diploma or high school transcript indicating graduation date.
* **GED**. Attached is a copy of my GED certificate.
* **Home School Graduate**. Attached is a transcript signed by my parent or guardian listing the secondary courses completed and documenting the successful completion of secondary school.

## **C: Required Signatures**

|  |  |
| --- | --- |
| I affirm that the information provided in this application and other Student Aid & Scholarships documents is true and correct to the best of my knowledge. I agree that I have reviewed, understand and agree to the conditions, responsibilities and obligations in order to receive financial aid for the 2024-2025 academic year as stated in the Conditions of Award Packet and Satisfactory Academic Progress Policy available on the Financial Aid website. | |
| **Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_**  **Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_** |

Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact **Title IX coordinator** James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, [james.neblett@cptc.edu](mailto:james.neblett@cptc.edu); or **Section 504/disability coordinator** Melissa Medina, Manager of Student Disability Services, 253-589-5755, [melissa.medina@cptc.edu](mailto:melissa.medina@cptc.edu). All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

## **D: Educational Purpose: Completion of this section MUST BE WITNESSED AND SIGNED BY A STUDENT AID & SCHOLARSHIPS STAFF MEMBER.**

I certify that I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 Clover Park Technical College for 2024-2025.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

If you are unable to appear in person, you must contact the Student Aid & Scholarships office for further instructions.

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