



FINANCIAL AID OFFICE

518 W. Locust Street ■ Davenport, Iowa 52803
563/333-5775 ■ fax 563/333-5818

2023-24 Verification Worksheet

DEPENDENT STUDENT – TRACKING GROUP V4

Do not mail this worksheet to the U.S. Department of Education.
Submit this worksheet to the financial aid administrator at your school.
You should make a copy of this worksheet for your records.

Your 2023-24 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you and your spouse (if married) reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required

documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Student Information

please print

Name Last First Middle Initial SAU student ID#
Address Street Apt. no. City State Zip
Date of birth Email address
Daytime phone (include area code) Alternate or cell number

Supplemental Nutrition Assistance Program

- Check the appropriate box
[ ] No one listed in the household received SNAP benefits in 2021 or 2022.
[ ] One of the persons listed in household received SNAP benefits in 2021 or 2022.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2021 or 2022.

Child support paid

- Check the appropriate box
[ ] No child support was paid for individuals outside of the household in 2021.
[ ] The student and/or parent(s), who is a member of the student’s household, paid child support in 2021. Provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom child support was paid, and the total annual amount of child support that was paid in 2021 for each child. Do not include child support paid for children included in the student’s household.

If more space is needed, provide a separate page that includes the student’s name and ID number at the top.

Table with 5 columns: Name of Person Who Paid Child Support, Name of Person to Whom Child Support was Paid, Name of Child for Whom Support Was Paid, Age of Child for Whom Support was Paid, Amount of Child Support Paid in 2021. Example row: Joe Jones, Jane Doe, Jake Jones, 5, \$6,000.

Note: If we have reason to believe that the information regarding child support paid is inaccurate, we may require additional documentation, such as:

- A signed statement from the individual receiving the child support certifying the amount of child support received; or
• Copies of the child support payment checks, money order receipts, or similar records of electronic payment having been made.

Student Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

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## Identity and Statement of Educational Purpose

*ONLY to be completed in person at the institution or in front of a notary*

The student must appear in person at St. Ambrose 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 by the institution with the date it was received and reviewed and the name of the office at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institutional official, the Statement of Education Purpose below. ***If the student cannot appear in person to sign this Statement of Educational Purpose, the student will need to provide a copy of a government issued ID and this Statement of Educational Purpose notarized by a public notary.***

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## Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
printed student name  
and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending St. Ambrose University for 2023-24.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Financial aid administrator signature \_\_\_\_\_ Date \_\_\_\_\_

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## Notary's Certificate of Knowledge

State of \_\_\_\_\_ city/county of \_\_\_\_\_ on \_\_\_\_\_

before me, \_\_\_\_\_ personally appeared, \_\_\_\_\_  
notary name printed name of signer

and proved to me on basis of satisfactory evidence of identification \_\_\_\_\_  
type of government-issued photo ID provided

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

Notary signature \_\_\_\_\_

Date commission expires \_\_\_\_\_

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## Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. **WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both. The student must sign and date this form.**

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_