

Student Information

2023-2024 Custom Verification Group Worksheet



(For both Dependent and Independent Students)

Instructions on how to complete this worksheet are located on the last page.

Do not mail this worksheet to the U.S. Department of Education! Submit this worksheet and all other required documents to Goldey-Beacom College using one of the below methods:

- 1. Mail to the Financial Aid Office.
- 2. Fax to the Financial Aid Office at 302-985-5533
- 3. Submit electronically via your Financial Aid portal on Campus Web.

DO NOT LEAVE BLANK-READ AND COMPLETE ALL SECTIONS!

Last Name	First Name	M.I.	GBC ID Number
2. Financial Aid Depende	ncy Status		
When completing your FAFSA we	ere you required to provide parental in	formation?	
☐ Yes . You are considered a DE	PENDENT student for financial aid p	ourposes.	
□ No . You are considered an IN	DEPENDENT student for financial a	aid purposes and do not need to	include parent information.
3. Completion of High Sch	ool (or Equivalent)		
 A copy of your high sche A copy of your final offi A copy of your General I An academic transcript t acceptable for full credit 	ments that indicate your high school of cool diploma cial high school transcript that shows Education Development (GED) certificates indicates you successfully complet towards a bachelor's degree avit (homeschooled students only)	the date when the diploma was cate or transcript	awarded
If you are unable to submit the	documentation listed above, you m	ust contact the Goldey-Beacon	m College Financial Aid Office.
Check here you have alread Admissions Office.	y submitted one of the above listed o	documents to either the Finan	cial Aid Office or to the

Family Information

List everyone in your household. Be sure to include the name of the college they attend and whether or not they will be enrolled at-least halftime at any point in time between July 1, 2023 and June 30, 2024.

Include the following individuals:

- 1) Yourself;
- 2) Your parent(s) and/or stepparent(s);
- 3) Your siblings;
- 4) Your parent(s)' or stepparents(s)' other children if they reside in your household;
- 5) Other people if:
 - a. They live in the household and/or;
 - You or your parent(s)/stepparent(s) will provide more than half of their support from July 1, 2023 through June 30,

i. Include these individuals even if they do not live with your parents.

Full Name	Age	Relationship	College	Will be Enrolle Least Half Ti	
		self	Goldey-Beacom College	Yes or	No
		·			

5. 2019 Income Information

Charle only one	box for Student	A NID only one	for Doront
CHECK OHLY OHE	DOX TOLDINGER	ALTER OHIS OHE	ioi i ai ciii.

vill b

used as indicated, the studen
nt
ol (DRT) on my FAFSA
e DRT and later nust submit a Tax 40.
urn Transcript or
urn or have filed for ial Aid Office for
nd did not have mit a statement of ed by the Financial
AND I am not required at this option, list all and below AND attach
BOX 1 of W-2
1

Pa	Parent (if Dependen rent Tax Filers:	t Student)	
	I used the IRS Data Retrieval Too	ol (DRT) on the FAFSA.	
	Important Note: if you used the changed the information, you note that Return Transcript or signed 10-	nust submit a Tax	
	I am attaching my 2021 Tax Retailsigned 1040.	urn Transcript or	
	I filed an amended 2021 Tax Return or have filed for an extension. Contact the Financial Aid Office for additional steps.		
Par	rent Nontax Filers:		
	I did not file a 2021 Tax Return a in 2021. You must submit a ver which can be requested from the	rification of non-filing	
	I did not file a 2021 Tax Return A file a Tax Return. If you select themployer(s) and income earned b W-2 form(s).	nis option, list your	
E	Employer Name	BOX 1 of W-2	

Student Name			
6. Certification and Signatures			
Each person signing this worksheet reported on it is complete and correct dependent) must sign and date.	certifies that all of the information	WARNING: If you purposely information on this worksheet, yo to jail, or both.	
Student's Signature		Date	
Parent's Signature (if dependent)		Date	.
7. Identity and Statement of Ed	ucational Purpose		
THIS SECTION	MUST BE COMPLETED IN	THE FINANCIAL AID	OFFICE
The student must appear <u>in person</u> at G identification, such as, but not limited to student's photo ID that is annotated wit student's ID.	o, a driver's license, other state-issued	d ID, or Passport. The institution	will maintain a copy of the
In addition, the student must sign, in the	e presence of the institutional official,	, the following:	
	STATEMENT OF EDUCATION	ONAL PURPOSE	
I certify that I(Print Student's	Name) am the individ	lual signing this Statement of Ed	ucational Purpose and that
the federal student financial assistance leading Goldey-Beacom College for the 2023-2		lucational purposes and to pay th	e cost of attending
Student's Signature	Stude	nt's ID Number	Date
Financial Aid Staff Name	Financial Aid Staff Signature	Title	Date

***IF YOU ARE UNABLE TO APPEAR IN PERSON, SEE NOTARIZED
OPTION ON THE FOLLOWING PAGE***

Financial Aid Staff Signature

Student Name		

8. Identity and Statement of Educational Purpose (FOR USE OF NOTARY)

TO BE SIGNED WITH NOTARY

If the student is unable to appear in person at Goldey-Beacom College to verify his or her identity, the student must provide:

- 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, and
- The original notarized Statement of Educational Purpose provided below

Statement of Educational Purpose

I certify that I	am the individual signing this S	tatement of Educational Purpose and that
(Print Student's Name	am the individual signing this S	and the state of t
and that the federal student financial assistance Goldey-Beacom College for the 2023-24 acade	e I may receive will only be used for education demic year.	al purposes and to pay the cost of attending
(Student's Signature)	(Date	e)
(Student's ID Number)		
	Notary's Certificate of Acknowledgement	
State of		
City/County of		
On, before me, (Date)	(Notary's Name)	
	, personally appeare	d, and provided to me on basis of
(Student's Name)		
satisfactory evidence of identification		· 1. 1\
	(Type of government-issued photo ID	provided)
to be the above-named person who signed the	foregoing instrument.	
WITNESS my hand and official seal		My commission expires on:
		(EXP. DATE)
(SEAL)	(Notary Signature)	(Date)