



## 2017-2018 INDEPENDENT VERIFICATION (V5) WORKSHEET

Your FAFSA was selected by the U.S. Department of Education for review in a process called "Verification." In this process Missouri S&T is required to compare information from your FAFSA with the information on this worksheet and with any other required documents. The law states we have the right to ask you for this information and review it for accuracy under the financial aid program rules (34 CFR, Part 688). **Verification must be completed before your financial aid will be credited to your student account.**

### INSTRUCTIONS

1. Complete all sections of this worksheet (A-F) **in full**. **Incomplete forms will be returned.**
2. Student (and your spouse, if married) must use their 2015 Federal Income Tax for the 2017-2018 academic year
3. All documents must be submitted by the following deadlines:
  - Fall 2017 Enrollment: October 31, 2017
  - Spring 2018 Enrollment: March 1, 2018
4. Please return all documents requested to our office via fax to (573)341-4274, email to [sfa@mst.edu](mailto:sfa@mst.edu) or mail to G-1 Parker Hall, 300 W 13<sup>th</sup> St, Rolla, MO 65409-0250.

### A. Student Information

Last Name	First Name	M.I.
Daytime Phone number (include area code)	Date of Birth	Missouri S&T Student ID#

### B. Family Information

Full Name			Relationship
Write the names of the people who you will support below: 1. Include <b>yourself</b> as the student. 2. Include <b>your spouse</b> (if married). 3. Include your dependent children if you proved more than half of their support between July 1, 2017 and June 30, 2018. 4. Include <b>other dependents</b> , if they now live with your household and you will continue to provide <i>more than half</i> of their support through June 30, 2018.			Write the relationship of each family member to the student in the chart below.
			College
			Add the name of the college for any household member who will be enrolled in a degree, diploma, or certificate program, at an eligible postsecondary educational institution <i>at least half-time</i> any time between July 1, 2017 through June 30, 2018
Age			
Write the age of each family member in the chart below.			
Full Name	Age	Relationship	College
		Self/Student	Missouri S&T

\*If more space is required, attach a separate page.



Student Name / S&T ID #: \_\_\_\_\_

**E. High School Completion Status**

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Per federal regulation, the Missouri S&T Financial Assistance Office must receive documentation of your final high school transcript, recognized equivalent, or home-school credential. Because you will provide the S&T Admissions Office with your final transcript, we will use it to satisfy the federal requirement for verification.

**F. Statement of Educational Purpose**

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 Missouri University of Science and Technology for 2017-2018.

\_\_\_\_\_  
(Student's Signature) (Date) (Student's ID Number)

If the student is unable to appear in person, this form must be notarized and mailed with a copy of a government issued ID listed above.

**Notary's Certificate of Acknowledgement** *(Only needed if not able to appear in person)*

State of \_\_\_\_\_ City/County of \_\_\_\_\_

On \_\_\_\_\_, before me \_\_\_\_\_,  
(Date) (Notary's name)

Personally appeared, \_\_\_\_\_, and provided to me  
(Printed name of signer)

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) (Seal)

My commission expires on \_\_\_\_\_  
(Date)

**FOR OFFICE USE ONLY: Attach photocopy of ID after verifying identity**

Document Provided: \_\_\_\_\_ Date Received: \_\_\_\_\_ Staff Signature \_\_\_\_\_