**Why Do I Have To Complete This?**

You have been selected for verification. FAFSA selects a portion of college students to verify that the information on your FAFSA is correct. You must complete the verification process in order for your federal and state financial aid to be paid to your account.

**The verification process must be completed in order for your financial aid to be disbursed to your account.**

**How to Complete This Form**

Complete the back of this form and sign it in **BLUE or BLACK INK**. Attach copies of required documents. Return completed forms to the financial aid office in KT 102. **Any forms that do not have the required documents will be marked incomplete and will NOT be processed.** If incomplete, instructions will be sent to your IPFW student email explaining how to complete it.

**Supporting Documents Information**

Did you complete High School?
You are required to bring in a copy of your high school diploma, GED or equivalent credential.

Do you have a photo ID?
You are required to come to the financial aid office and present a valid government issued photo ID or have a notary certify this document. Examples would be a driver’s license, or a passport. **If a using a notary, please attach a copy of your ID that is signed and dated by the notary for our records.**

**Providing Correct Information**

If you purposely give false or misleading information you may be fined, sentenced to jail or both. If you are sure that you have provided accurate information, please sign your full name below in ink. Dependent students also need a parent’s signature.

**Dependency Status**

Am I Dependent or Independent?
If you were required to provide your parents’ tax information on the FAFSA, you are considered a Dependent student. Common reasons for students to be Independent are: being 24 years old, married and/or having children that you support. For financial aid purposes being dependent or independent does not pertain to how you file your taxes, whether you live with your parents or whether you support yourself.

Who do I list in my household?
**Dependent Students:** list yourself, your parent(s) you last lived with (include step-parent if parent is remarried), and anyone in the household that would not be able to live without the financial support of your parents.

**Independent Students:** list yourself, your spouse and anyone that would not be able to live without your financial support.
**READ INSTRUCTIONS BEFORE COMPLETING THIS FORM**

(i) Who is in Student’s household from July 1, 2017 through June 30, 2018?

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College attending (at least 6 credit hours)</th>
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<tbody>
<tr>
<td></td>
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<td>Self</td>
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Statement of Educational Purpose

Please read, print correct name in appropriate places and sign the following statement. *Either someone in the financial aid office or a notary will need to witness your signature.*

I certify that I ______________________ (print 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 IPFW for 2017-18.

Student Signature: _______________________________ Date Signed: ______________

School Official: _______________________________ Date Signed: ______________

OR

On __________ (date), before me, __________________________ (Notary’s name), personally appeared __________________________ (Student Name), and proved to me on basis of satisfactory evidence of identification __________________________ (ID) to be the above-named person who signed the foregoing instrument.

Notary Signature: _______________________________ Date Commission Expires: ______________

(ii) Items to Bring Into the Office

- [ ] High School Diploma/Equivalent
- [ ] Photo ID:

Signatures

I understand by signing below I’m asking the IPFW Office of Financial Aid to make the above indicated adjustments to my Free Application for Federal Student Aid. I further understand that making these adjustments may cause changes to my IPFW Student Account and my IPFW student bill, and that it is my responsibility to ensure my student bill is paid in full with the IPFW Office of the Bursar after these adjustments are processed to my financial aid account.

Student Signature: _______________________________ Date Signed: ______________

Parent Signature: _______________________________ Date Signed: ______________

(Dependent students must have parent signature)