

University of the Virgin Islands - Office of Financial Aid 2023-2024 CUSTOM Verification Worksheet

V4 Independent

Your 2023-2024 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. Federal law states that before any Federal Student aid can be awarded, you must confirm **Identity and Educational Purpose** as outlined in this worksheet.

The documents will be used to verify that the information reported on your FAFSA is correct. Any discrepancies will result in revision of your FAFSA. You must complete and sign the worksheet, attach all required documents, and submit to the University of the Virgin Islands Financial Aid Office. If you have questions about verification, contact us at financialaidstx@uvi.edu or 340-692-4193, St. Croix or at financialaidstt@uvi.edu 340-693-1090, St. Thomas.

What you should do

- Talk to your financial aid administrator if you have any questions about completing this worksheet.
- 2. Complete and sign the worksheet.
- Submit the completed worksheet and any other required documents your school requests to your financial aid administrator.
- 4. Your financial aid administrator will compare information on this worksheet and any supporting documents with the information you submitted on your FAFSA. You or your school may need to make corrections electronically or by using your Student Aid Report (SAR).

A. Student's Informati	on			
Last Name	First Name	M.I.	Last 4 Digits of SSN	ID Number
Mailing Address			Date of Birth	
City	State	Zip Code	Email Address	
Home Phone Number (include area code)		Alternate or Cell Phone Number		

B. Student's Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2023 through June 30, 2024, or if the child would be required to provide your information if they were completing a FAFSA for 2023-2024. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you, you provide more than half of their support and will continue to provide more than half of their support from July 1, 2023 through June 30, 2024.

Include the name of the college for any household member who will be enrolled, at least half time (six credit hours) in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2023 and June 30, 2024. If more space is needed, attach a separate page with the student's name and UVI student ID number at the top.

Full Name	Age	Relationship	College/University	Will be Enrolled at least half time (6 or more credits)
Marty Jones (example)	28	Spouse	Central University	Yes
		Self	University of the Virgin Islands	
Note: Additional documentation for the	househo	old member(s) e	nrolled at an eligible postsecondary educational	institution may be required.

Student Name:	Id:	23-24 CUSTOM Verification W	orksheet V4-Independent pg. 2
C. Identity and Statement of Educ	ational Purpose (See Enclos	ed Supplement Form) Student's Ir	nformation
•	in person, you <u>must</u> complete S o	ion F - Part 1 in the presence of your Fi ection F - Part 2 in the presence of a No d Office.	•
D. Certification & Signature			
I certify that all the information reported on t correct. The student must sign this worksheet. If ma optional.	·	Warning: If you purposely give false or misleading informati this worksheet, you may be fined, be sentenced to jail, or b	
Student's Signature	Date	Spouse's Signature	Date

Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the University of the Virgin Islands financial aid office.



Section F - Part 1: Ide	entity and Statement of Education	onal Purpose
Last Name First Name	M.i. Social Security Number	IID Number
	·	
If you are able to submit this form in person, y Financial Aid Officer at your school.	ou <u>must</u> complete Section F - Part 1 in the	presence of your
The student must appear in person at	University of the Virgin Islands (Name of Postsecondary Educational Institution)	to verify
his or her identity by presenting a valid, not expire to, a driver's license, other state-issued ID, or pa that is annotated with the date it was received a student's ID.	assport. The institution will maintain a copy of	f the student's photo ID
In addition, the student must sign, in the presence	e of the institutional official, the following:	
<u>Statement</u>	of Educational Purpose	
certify that (Print Student's Name	am the individual signing the	nis
Statement of Educational Purpose and that the fed	deral student financial assistance I may receive	will only be used for
educational purposes and to pay the cost of attend	University of the Virgin Islands (Name of Postsecondary Educational Institut	for 2023-2024.
(Student's Signature)	(Student's ID Number)	(Date)
	Office Use Only	
Financial Aid Officer's Name	Financial Aid Officer's Signature	 Date



Section F - Part 2: Identity and Statement of Educational Purpose

ast Name	First Name	M.I. Social Security Number	ID Number
		nust complete Section F - Part 2 in the	presence of a No
iblic and mail the nota	arized documents to your sch	ool's Financial Aid Office.	
the student is unable to	appear in person at	University of the Virgin Islands	to
rify his or her identity, t	() the student must provide:	Name of Postsecondary Educational Institution)	
• • • • • • • • • • • • • • • • • • • •	· · · · ·	ed photo identification (ID) that is acknown to, a driver's license, other state-issued II	_
	rized Statement of Educational F	Purpose provided below.	
	Statement of Ed	ducational Purpose	
I certify that I		am the individual signing	g this
	(Print Student's Name)		
atement of Educational	Purpose and that the federal st	udent financial assistance I may receive w	vill only be used fo
ducational purposes and	to pay the cost of attending _	University of the Virgin Islands	for 2023-2024
		(Name of Postsecondary Educational Institution	n)
		(Charles the ID March and	(Date)
(Stude	lent's Signature)	(Student's ID Number)	(Dute)
		of Acknowledgement	(Suic)
<u>No</u>		of Acknowledgement	
No.	otary's Certificate, City/Co	of Acknowledgement	
No.	otary's Certificate, City/Col, before me,(of Acknowledgement unty of, personally appeared (Notary's name)	 H,
No.	otary's Certificate, City/Col, before me,(of Acknowledgement	 H,
State of On(Date) (Printed name of signer)	otary's Certificate, City/Col, before me,	of Acknowledgement unty of, personally appeared (Notary's name) rovided to me on basis of satisfactory evice	d, dence of
State of On(Date) (Printed name of signer)	otary's Certificate, City/Col, before me,	of Acknowledgement unty of, personally appeared (Notary's name)	d, dence of
State of On(Date) (Printed name of signer)		of Acknowledgement unty of, personally appeared (Notary's name) rovided to me on basis of satisfactory evice	d, dence of
State of On(Date) (Printed name of signer) Identification(T	, City/Col, City/Col, before me,, and property of government-issued photo ID proping statement.	of Acknowledgement unty of, personally appeared (Notary's name) rovided to me on basis of satisfactory evice	d, dence of
State of On(Date) (Printed name of signer) Identification(T	, City/Col, City/Col, before me,, and property of government-issued photo ID proping statement.	of Acknowledgement unty of, personally appeared (Notary's name) rovided to me on basis of satisfactory evice	d, dence of