

Lacy Bailey 229-931-2319 Carrie Wilder 229-931-2351 Kierra Sparks 229-931-2693 Kelly Everett 229-271-4043

2016-2017 Custom Verification - Tracking Group V4

(Must also complete the Statement of Purpose)

Section A: Student Information:					
Last Name	First Name	M.I	I.D. Number/Social Security Number		
Street Address			Date of Birth		
			()		
City	State	Zip Code	Phone Number (with area code)		
Section B: Sup	plemental Nutritio	n Assistance Program (SNAP):	:		
Nutrition Assist SNAP may be k call 1-800-4FEI Is this informati requested by the If your answer i I answer to "harmonic to "ha	ance Program or SNA chown by another nan D-AID (1-800-433-32 on correct? c financial aid office. s no, please initial be ered the question on r no".	AP (formerly known as the Food Some in some states. For assistance in 43). Yes No If yes, you may be low.	nold, received benefits from the Supplemental Stamp Program) sometime during 2015. in determining the name used in a state, please asked to provide additional documentation if if I received SNAP benefits. Please correct		
Section C: Chi	ld Support Paid:				

It was indicated on your FAFSA that someone in the household or the student paid child support in 2015. List 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 of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

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

You may need to provide documentation of the payment of child support if requested by the financial aid office.

Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support was Paid	Amount of Child Support Paid in 2014		
Section D: Certification and Signature					
Each person signing this form purposely give false or mislea		-			
Student's Signature			Parent's Signature (If Applicable)		
Student's Signature		Parent's Signature (If	Applicable)		
		Parent's Signature (If	Applicable)		
		_	Applicable)		
Today's Date		_	Applicable)		
Today's Date	atus:	_	Applicable)		
Today's Date For Office Use Only:		Today's Date			
For Office Use Only: High School Completion Sta		Today's Date Today's Date			