2020-2021 FINANCIAL AID STUDENT INFORMATION SHEET

Dependent Verify Group 4 Packet

| STUDENT INFORMATION SHEET | | | | | | | |
|---|---|--|---------------------|--|--|--|--|
| | | 101 Cunningham Boulevard Booneville, MS 38829 Phone: (662) 720-7205 Fax: (662) 720-7232 | | | | | |
| Please answer all question | s carefully. Do not leave any blank. | | | | | | |
| PERSONAL INFORMAT | ΓΙΟΝ | | | | | | |
| Name | | | | | | | |
| Last | First | Middle/Maiden | | | | | |
| Social Security Number | Date of Birth | Marital Status | | | | | |
| Permanent AddressStreet | City | State | Zip | | | | |
| Telephone Number () | | | | | | | |
| Where will you reside while attending N | ortheast? Check one: () with parents () on campu | s () off-campus* | | | | | |
| *If you live off campus, you must pro | vide your landlord's name, address, and phone number, | or check here () if you own or ar | e buying your home. | | | | |
| (Landlord's Name) | (Landlord's Address) | (Landlor | d's Phone Number) | | | | |
| EDUCATIONAL STATU | JS | | | | | | |
| When do you plan to enroll at Northeast | ? (Month/Year) | | | | | | |
| In what session will you enroll during th | | () Summer | | | | | |
| What classification will you be? () Fres | hman () Sophomore | | | | | | |
| How many hours do you plan to enroll in Hours Fall Semester (If you are not sure how many hours y | | urs Summer ite "FT" in appropriate blanks) | | | | | |
| Have you ever attended another college? | Yes No If yes, give name and the dates attend | ded of all colleges: | | | | | |
| *Please include semesters in which you | withdrew from college. Failure to list other colleges att | ended could mean denial of stude | nt financial aid. | | | | |
| Have you ever attended Northeast? Yes_ | No If yes, how many semesters ha | ve you completed at Northeast? | | | | | |
| EDUCATIONAL OBJEC | CTIVES | | | | | | |
| Major course of study during the academ | nic year (Major) | | | | | | |
| When do you plan to complete your educ | cation at Northeast Month Year | | | | | | |
| STUDENT LOANS | | | | | | | |
| our system. You will receive an | packaged for each student after this paperwor Award Notification Letter informing you that line Portal and accept the loan award. | | | | | | |
| student loan will not be proces | the Loan Entrance Counseling and Maste sed until we have received Loan Entrance this step prior to accepting the loan. | | | | | | |

Form—V4D

Dependent Verification 2020-2021

Northeast Miss. Community College Cunningham Boulevard Booneville, MS 38829 Phone: 662-720-7205 www.nemcc.edu

Your 2020–2021 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Information

| Student's Last Name | First Name | M.I. | Student's ID or last four digits of SSN |
|---|------------|------|--|
| Student's Street Address (include apt. no.) | | | Student's Home Phone or Cell Number (include area code) |
| City State Zip Code | | | |

B. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date. WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Print Student's Name

Student ID or Last four digits of SSN

Student's Signature

Date

Parent's Signature

Date



Identity and Statement of Educational Purpose

The student must sign, in the presence of the institutional official, the following:

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 **Northeast Mississippi Community College** for 2020-2021.

Student's Signature

Date

____ Student's Social Security Number

If Signed at the Institution:

The student must appear in person at <u>Northeast Mississippi Community College</u> to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

If NOT Signed at the Institution:

If the student is unable to appear in person at <u>Northeast Mississippi Community College</u> 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.

Notary's Certificate of Acknowledgement

| State of | City/County of | | on | , before me, |
|-----------------|--|------------------|------------------------------|----------------|
| | , perso | onally appeared, | | , and provided |
| (notary's name) | | | (student's name) | |
| to me on basis | s of satisfactory evidence of identifica | | | to be the |
| | | (Type of governi | ment-issued photo ID provide | ed) |
| above-named | person who signed the foregoing inst | trument. | | |
| WITNESS m | y hand and official seal | | | |
| | | Notary Sig | gnature | |
| | | | | |
| My commission | on expires on | (Date) | | |
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