



Financial Aid & Scholarships

2023-2024

V4 CUSTOM VERIFICATION

Submit this form in person or by mail:
Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201
fin_aid@everettcc.edu • Fax (425) 388-9185

Your FAFSA application has been selected by the Federal Student Aid processor for a review process called verification. In this process Everett Community College will compare the data from your FAFSA to the information on this worksheet. The law states that we have the right to request this information from you before awarding Federal Student Aid. If there are differences between your FAFSA data and your financial documents, Everett Community College will send corrections electronically to the Federal Student Aid processor to have your information reprocessed. Your Financial Aid award may be revised due to verification. To prevent your aid from being delayed, complete this form and submit it to the Everett Community College Financial Aid Office as soon as possible. We must review the requested information, under the Financial Aid program rules (34 CFR, Part 668).

A. STUDENT INFORMATION

First name _____ Middle name _____
Last name _____ ctcLink ID Number _____

For the following sections, the student must appear either in person or sign in the presence of a Notary (see page 2). Only complete one option.

B. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE: To be signed at EvCC

The student must appear in person at Everett Community College's Financial Aid Office to verify their identity by presenting valid government-issued photo identification, such as, but not limited to, a driver's license, other state-issued ID, or passport. (Everett Community College ID is not acceptable.) Everett Community College will maintain a copy of the student's government-issued photo ID notated with the date it was received and the name of the official at the institution authorized to collect the student's ID. In addition, the student must sign, in the presence of the institution official, the following:

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 Everett Community College for the 2023-2024 academic year.

CERTIFICATION

By signing this worksheet, I affirm that I have read, understood, and agreed to this form in its entirety and that the information supplied is true. Parent signature is only required if you are considered a Dependent student.

Student Signature _____ Date _____

OFFICE USE ONLY

I verify that the above listed student did sign the Statement of Educational Purpose in my presence. I have also verified and collected a copy of the student's ID.

Employee Printed Name _____ Employee Signature _____ Date _____

C. IDENTITY AND STATEMENT OF PURPOSE: To be signed with a Notary

If the student is unable to appear in person at Everett Community College to verify their identity, the student must provide:

- (a) A copy of the valid government-issued photo identification that is acknowledged in the notary statement below, such as, but not limited to a driver's license, other state-issued ID, or passport (Everett Community College ID is not acceptable); and
- (b) The original notarized Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that _____ am the individual signing this Statement of Educational Purpose
(Student Printed Name)

and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Everett Community College for the 2023-2024 academic year.

Student Signature

Date

NOTARY'S CERTIFICATE OF ACKNOWLEDGMENT

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
(seal)

(Notary Signature)

My commission expires on _____
(Date)

Please mail this form to:

Financial Aid Office, Everett Community College, 2000 Tower Street, Everett, WA, 98201-1390

(Will not be accepted if faxed or emailed)

Everett Community College does not discriminate based on, but not limited to, race, color, national origin, citizenship, ethnicity, language, culture, age, sex, gender identity or expression, sexual orientation, pregnancy or parental status, marital status, actual or perceived disability, use of service animal, economic status, military or veteran status, spirituality or religion, or genetic information in its programs, activities, or employment. Contact the following people with inquiries or complaints regarding discrimination, Title IX compliance, or Americans with Disabilities Act compliance: Equal Opportunity Director: EqualOpportunity@everettcc.edu, 425-388-9271; ADA Coordinator: ADACoordinator@everettcc.edu, 425-388-9232; Title IX Coordinator: TitleIXCoordinator@everettcc.edu, 425-388-9271. All offices are located in Olympus Hall 111, 2000 Tower St. Everett, WA 98201. For more information, visit the Equal Opportunity and Title IX website: EverettCC.edu/EqualOpportunity