



AMERICAN SAMOA COMMUNITY COLLEGE

Financial Aid Office, P.O. Box 2609 Pago Pago, AS 96799
Telephone: (684) 699-9155, Fax: (684) 699-8968 email: faid@amsamoa.edu

**2016—2017
V4-Custom Verification**

Your application for federal financial aid was selected for review in a process called “Verification.” In this process, we will be comparing information from your FAFSA application with your Federal tax information, W-2 forms and/or other financial documents. The law says we must ask you for this information before awarding financial aid. If there are differences between your application information and your financial documents, corrections will need to be made to your application and your information will be reprocessed.

You must complete and sign the worksheet and submit it along with any documents requested below. We cannot continue processing your financial aid application and will not award you any federal aid until verification has been completed. Contact our office if you need assistance in filling out this form at (684) 699-9155 or faid@amsamoa.edu.

I: STUDENT INFORMATION

Last Name	First Name	M.I.	Student ID # or Social Security Number
Address (P.O. Box, Village, City, State, Zip Code)			Date of Birth
Email Address			Home/Cell Phone

II: CHILD SUPPORT PAID VERIFICATION

Did you (or your spouse, if married) and/or your parent(s) pay child support in 2015?

YES NO

If yes, indicate below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom support was paid, and the total annual amount of the child support that was paid in 2015 for each child.

Name of Person Who Paid 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 2015

Please continue to next page in order to complete verification

III: SNAP (FOOD STAMP) BENEFIT VERIFICATION

A. Did someone in your household (as reported on the FAFSA) receive benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during 2014 or 2015?

YES

NO

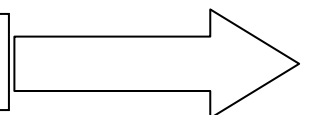
Name(s) of the individual(s) receiving SNAP Benefits: _____

IV: HIGH SCHOOL COMPLETION STATUS

The Student will provide the Financial Aid Office with one of the following documents that indicate his/her high school completion status at the start of the 2016-2017 Academic Year.

- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's General Education Development (GED) certificate or GED transcript.
- If homeschooled, a copy of a state secondary school completion credential, OR, a transcript or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and documents the successful completion of a secondary school education in a homeschool setting.
- A copy of the student's high school diploma.
- An academic transcript that the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.

*Please continue to next page in
order to complete verification*



V: IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE—complete A “or” B...NOT BOTH

A. I, the student, am **able to appear in person** at the American Samoa Community College Financial Aid Office to verify my identity by presenting a valid government-issued photo identification (ID), such as, but not limited to a driver’s license, other state-issued ID, or passport. A copy of my identification will be retained by the Financial Aid Office.

Please sign the following Statement of Education Purpose *in the presence of a Financial Aid Official*:

I certify that I, X _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending the American Samoa Community College for 2016—2017.
Print Student's Name

X _____ Date _____
(Student’s Signature) (Student’s ID Number)

B. I, the student, am **NOT able to appear in person** at the American Samoa Community College Financial Aid Office to verify my identity. I have provided the following:

- (i) 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.
- (ii) The original notarized Statement of Educational Purpose provided below.

I certify that I, X _____ am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for education purposes and to pay the cost of attending the American Samoa Community College for 2016—2017.
Print Student's Name

X _____ Date _____
(Student’s Signature) (Student’s ID Number)

NOTARY’S CERTIFICATE OF ACKNOWLEDGEMENT

State of: _____

City/County of: _____

On _____, before me, _____,
(Date) (Print Notary’s Name)

personally appeared, _____, and provided me on basis of
(Print Student/Signer’s Name)
satisfactory evidence of identification _____ to be the above-

(Type of government-issued photo ID provided)
named person who signed the forgoing instrument.

(Notary’s Signature)

*WITNESS my hand and
official seal*
(Seal)

My Commission expires on: _____
(Date)