



2022-2023 Dependent Custom Verification Worksheet

Federal Student Aid Programs

Your application was selected for review in a process called "Verification". In this process, the College of Menominee Nation (CMN) will compare information from your FAFSA with this worksheet and financial documents you will submit. The law states we have the right to ask you for this information before awarding federal aid. If there are differences between your FAFSA application and your financial documents, the College of Menominee Nation may need to make electronic corrections to your FAFSA. Contact the Financial Aid Office at the College of Menominee Nation at (715) 799-6226 ext. 3237 if you have questions about the worksheet.

INSTRUCTIONS

1. Complete all sections of this worksheet in full.
2. Submit the completed and signed worksheet and/or any other documents requested to the Financial Aid Office at CMN.

1. Student Information

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	M.I.	SSN or Student ID Number
<input type="text"/>			<input type="text"/>
Mailing Address (include apt. no.)			Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP Code	Phone Number (include area code)

2. Certification and Signature

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 on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature (Required)

Date

Parent's Signature (Required)

Date

Submit to:

College of Menominee Nation
Attn: Financial Aid Office
PO BOX 1179
Keshena, WI 54135
Phone: (715) 799-6226
Fax: (715) 799-5602
Email: financialaid@menominee.edu

3. Identity and Statement of Educational Purpose (to be signed at CMN – Financial Aid Office)

The student must appear in person at the **College of Menominee Nation – Financial Aid Office** to verify his or her 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. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and reviewed 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 institutional official, the State of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I, _____ am the individual signing this
(Print Student's Name)

Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending the College of Menominee Nation for 2022-2023.

(Student's Signature)

(Date)

(Student's ID Number)

◀.....● IF ●.....▶

the student is unable to appear in person at the **College of Menominee Nation – Financial Aid Office** to verify his or her identity, the student must provide:

- (a) 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
- (b) The original State of Educational Purpose, which is provided below, must be notarized. If the notary statement appears on a separate page than the State of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the document notarized.

Statement of Educational Purpose

I certify that I, _____ am the individual signing this Statement of Educational
(Print Student's Name)

Purpose and that the Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending the College of Menominee Nation for 2022-2023.

(Student's Signature)

(Date)

(Student's ID Number)

Notary's Certificate of Acknowledgement

State of _____ City/County of _____ On _____, before me
(Date)

, _____, personally appeared, _____,
(Notary's Name) (Name of Signer)

and provided to me on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID)
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)

