



2015- 2016 Verification Worksheet Version 4

Student Financial Services • 1500 College Parkway • Elko, NV 89801 Phone#: (775) 753-2399 FAX: (775) 753-2390

Website: www.gbcnv.edu/financial

Email: financial-aid@gbcnv.edu

Your **2015-2016** Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You and one parent (if dependent) must complete and sign this worksheet, attach any required documents, and submit the form along with any other additional information required by the GBC Financial Aid Office.

A. Student's Information

First Name: _____ Last Name: _____ SS# or ID #: _____
Address _____ City _____ St _____ Zip _____ Phone # _____

B. Dependency Status

☐ **Dependent-** A student is considered dependent if he/she was required to provide parental data on the FAFSA

☐ **Independent-** A student is considered independent if he/she was not required to provide parental data on the FAFSA

C. Supplemental Nutrition Assistance Program (SNAP) Benefits

Please select **YES** or **NO**. **DO NOT** leave anything blank.

Did **any members of your stated household** receive food stamps, State Supplemental Nutrition Assistance Program (SNAP) in 2014?

☐ **Yes**

☐ **No**

Please sign the statement in the area provided below by you, or your parents if you are dependent, affirming benefits were received by someone in the household during 2014. I, _____, affirm that SNAP benefits were received by someone in the household during 2014.

Student Signature _____ Date: _____ Parent Signature: _____ Date: _____

D. Child Support Paid

On your 2015-2016 FAFSA, you have stated that someone in your household paid child support due to a COURT MANDATED requirement in 2014. Please complete the following information. **DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"**

Child Support you PAID due to a **COURT-MANDATED** requirement (attach a separate page if needed) in 2014

Child's Name	Name of person paying support	Name of person receiving child support	Student/Spouse(if married) Annual Amount	Parent(s)- if dependent Annual Amount
			/year	/year
			/year	/year
			/year	/year
			/year	/year

Please sign the statement in the area provided below by you or your parents if you are dependent, affirming that child support was by paid out by someone in the household during 2014. I, _____, affirm that child support was paid out by someone in the household during 2014.

Student Signature _____ Date: _____ Parent Signature _____ Date: _____

E. High School Completion Status- Please check the box (ONLY ONE) that indicates your high school completion status

☐ **High School Diploma**

Please include:

- Copy of the student's high school diploma; OR
- Copy of the student's final high school transcript which includes the date of the high school completion

State Certificate

- Copy of the certificate the student received after passing a state-authorized examination which the state recognizes as the equivalent of a high school diploma

☐ **Did Not Complete High School but Excelled**

Academically in High School

- Documentation from the high school that the student excelled academically; AND
- Documentation from the postsecondary institution that the student met its formal, written policies for admitting such students.

☐ **GED Completion**

Please include:

- Copy of the student's GED Certificate; OR
- Copy of the student's GED Transcript

☐ **Two-Year Program Completion**

- Copy of the student's academic transcript showing the student has completed at least a two year program acceptable for full credit towards a bachelor's degree

☐ **Home Schooled Students**

- A transcript or the equivalent signed by the student's parent or guardian that lists the secondary school courses completed by the student and documents the successful completion of a secondary school education

F. Proof of Identity and Statement of Educational Purpose (FOR STUDENTS ONLY)

Please submit a copy of a valid government issued photo identification, including but not limited to a driver's license, state issued picture ID, military identification or passport.

I, _____, certify that the federal financial aid received will only be used for educational purposes to

(Print Full Name)

pay the cost of attending Great Basin College for 2015-16.

Student Signature: _____ **Date:** _____

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

Jurat

State of _____ **County of** _____ **Subscribed and sworn/affirmed to before me this date**
of _____ **20** _____ **, by** _____

Notary Public _____

My Commission Expires: _____

This form must be submitted in person to the GBC campus. Out of state students will need to submit the original form by mail.