2015–2016 Verification Worksheet
CUSTOM VERIFICATION (V-4)

Instructions: Your 2015–2016 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 must verify certain information you reported on your FAFSA.

Please complete sections A through D of this worksheet. Once you come to section E, please stop and bring your worksheet to the Financial Aid Office for final completion. You may submit this worksheet in ONE of the following ways:

- In Person: The Pomona Financial Aid Office is located in the Student Services Center on the 2nd Floor. The Lebanon Office is located on the second floor in room 253.
- Mail ONLY IF you’re unable to appear in person (please read instructions in Section E): POMONA CAMPUS: WesternU Financial Aid Office 309 E. Second St, Pomona, CA 91766; LEBANON CAMPUS: WesternU Financial Aid 200 Mullins Drive, Lebanon OR 97355

A. Independent Student’s Information

<table>
<thead>
<tr>
<th>Student’s Last Name</th>
<th>Student’s First Name</th>
<th>Student’s M.I.</th>
<th>Student’s ID Number</th>
</tr>
</thead>
</table>

Student’s Program and Graduating Year (e.g. DO 2018, MSNE 2016, DPT 2016, etc.)

B. Independent Student’s Family Information

List below the people in your household. Include:

- Yourself.
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2015, through June 30, 2016, or if the child would be required to provide your information if they were completing a FAFSA for 2015–2016. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2016.

Include the name of the college for any household member who will be enrolled at least half time in a degree, diploma, or certificate program at a postsecondary educational institution any time between July 1, 2015, and June 30, 2016. If more space is needed, attach a separate page with your name and ID Number at the top.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Will be Enrolled at Least Half Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: Marty Jones</td>
<td>28</td>
<td>Wife</td>
<td>Central University</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Self</td>
<td></td>
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C. Independent Student’s Other Information to Be Verified

1. Complete this section if someone in the student’s household (listed in Section B) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2013 or 2014 calendar years.

☐ Not Applicable

☐ One of the persons listed in Section B of this worksheet received SNAP benefits in 2013 or 2014. If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2013 and/or 2014.

2. Complete this section if you or your spouse, if married, paid child support in 2014.

☐ Not applicable

☐ Either I, or if married my spouse who is listed in Section B of this worksheet, paid child support in 2014. I have indicated 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 and ages of the children for whom child support was paid, and the total annual amount of child support that was paid in 2014 for each child. If asked by my school, I will provide documentation of the payment of child support. *If you need more space, attach a separate page that includes your name and ID Number at the top.*

<table>
<thead>
<tr>
<th>Name of Person Who Paid Child Support</th>
<th>Name of Person to Whom Child Support was Paid</th>
<th>Name and Ages of the Children for Whom Child Support was Paid</th>
<th>Amount of Child Support Paid in 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXAMPLE: John Doe</td>
<td>Mary Smith</td>
<td>Jane Doe – 14 years old</td>
<td>$6,000.00</td>
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</tbody>
</table>

D. Verification of Academic Completion

Instructions: Check the box that applies and submit the documentation requested, if applicable.

☐ I, the student, have a Bachelor’s Degree (or higher), which may be verified through the Admissions Office.

☐ I, the student, do not have a Bachelor’s Degree, but I have successfully completed at least a two year program, which may be verified through the Admissions Office.

☐ I, the student, do not have a Bachelor’s Degree or a two year program degree, but I do have a high school diploma, or equivalent. Please submit one of the following:
  - A copy of the student’s high school diploma; or final high school transcript
  - A copy of the student’s GED certificate; or a copy of the student’s GED transcript
  - A 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
  - Alternative documentation, if none of the above is applicable
E. Identity/Statement of Educational Purpose and Signature (To Be Signed at WesternU – FA Office)

Instructions: PLEASE TAKE THIS FORM TO THE FINANCIAL AID OFFICE IN PERSON* with a valid government-issued identification including but not limited to a driver’s license, State Issued ID Card, military identification, or passport to sign in person with a financial aid administrator.

Please complete the following statement in the box below in front of a Financial Aid Administrator (or notary public):

I certify that I __________________________ am the individual signing
(Print Student’s Name)
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

Western University of Health Sciences for 2015-2016.
(Name of Postsecondary Educational Institution)

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

I certify that all of the information reported on this application is complete and correct.

__________________________________________  ____________
Student’s Signature         Date

*If you are unable to appear in person, please complete the following:
1. Take this form to a notary public to complete the statement in the box above. Be sure to have your ID present to sign and date this form in person. Have this document notarized by the notary public and
2. Make a copy of a valid government-issued photo identification, including but not limited to a driver’s license, State Issued ID Card, military identification, or passport; and
3. Mail the completed notarized form and the copy of your valid government issued ID to your campus’ Financial Aid Office: POMONA CAMPUS: WesternU Financial Aid Office 309 E. Second St, Pomona, CA 91766; LEBANON CAMPUS: WesternU Financial Aid 200 Mullins Drive, Lebanon OR 97355. We cannot accept faxed or emailed copies. It must be mailed to our office.

Note: We may require additional documentation if we have reason to believe that the information provided is inaccurate or incomplete. You should make a copy of this worksheet for your records.

For Office Use Only:
Verified by and Updated FAA Access by: _____________________________  Date: ___________________