

## 2024-2025 Verification Worksheet (V4I Pt. 1)

Your 2024–2025 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 may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

### A. Student's Information

\_\_\_\_\_  
Student's Last Name, First Name, M.I.

\_\_\_\_\_  
Student's ID Number

### B. Identity Verification and Statement of Educational Purpose

You (the student) must appear in person at the Financial Aid Office of Gurnick Academy of Medical Arts to verify your identity by presenting a valid, unexpired 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 photo ID that is annotated with the date it was received and the name of the official authorized to collect your ID.

In addition, you must sign a Statement of Educational Purpose in the presence of the authorized school official stating that you will use your federal student financial assistance for educational purposes only while attending Gurnick Academy of Medical Arts during the 2024-2025 award year.

### C. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct.  
If requested, I will provide additional information and documentation to complete verification.

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

\_\_\_\_\_  
Student's Name (Print)

\_\_\_\_\_  
Student's ID Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

## 2024-2025 Verification Worksheet (V4I Pt. 2)

Your 2024–2025 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 may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

### D. Statement of Educational Purpose

I certify that I \_\_\_\_\_ am the individual signing this Statement of Educational Purpose  
(Print Student's 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 Gurnick Academy of Medical Arts for 2024-2025.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's ID Number)

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

### E. Identity Verification (This part is to be filled out by an authorized school official):

I attest that the individual who signed the Statement of Educational Purpose above provided a valid, unexpired government-issued photo identification for my examination. A copy of the original photo ID is attached.

I examined the following document:

- \_\_\_\_ State driver's license
- \_\_\_\_ State ID
- \_\_\_\_ U.S. Passport
- \_\_\_\_ Other state-issued photo ID
- \_\_\_\_ Other federally-issued photo ID

\_\_\_\_\_  
Authorized School Official (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized School Official (Signature)

\_\_\_\_\_  
Title