

# **Financial Aid Office** 2024-2025 Verification Worksheet Dependent Student (1DV4)

Name:

ID#:

# A. IDENTITY & STATEMENT OF EDUCATION PURPOSE

**The student must appear in person at Black Hawk College** to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

## \* COMPLETE IN THE PRESENCE OF BHC FINANCIAL AID ADVISOR \* If you are unable to complete this requirement in person, please contact the Financial Aid Office for further instruction.

#### **Statement of Educational Purpose**

I certify that I \_\_\_\_\_\_ am the individual signing this Statement of (Print Student's Name)

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 Black Hawk College for 2024-2025.

(Student's Signature)

(Date)

(Date)

(Financial Aid Advisor)

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Black Hawk College Financial Aid Office, 6600 34th Avenue, Moline, IL 61265 Phone: 309-796-5400 Fax: 309-796-5447 Email: <u>finaid@bhc.edu</u>

Black Hawk College does not discriminate on the basis of race, color, national origin, sex, disability, or age.

## **B. CERTIFICATION AND SIGNATURES**

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

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 2024-2025 FAFSA must sign and date.

### **TYPED SIGNATURES WILL NOT BE ACCEPTED**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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