

I certify that I ____

(Student's Signature)

(Financial Aid Advisor)

2025.

Financial Aid Office

2024-2025 Verification Worksheet Independent Student (1IV4)

_____ am the individual signing this Statement of

(Date)

(Date)

A	. IDENTITY & STATEMENT OF EDUCATION PURPOSE
T	he student must appear in person at Black Hawk College to verify his or her identity by
	resenting an unexpired valid government-issued photo identification (ID), such as, but not lim
	, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of
	udent's photo ID that is annotated by the institution with the date it was received and reviewe
an	nd 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
E	ducational Purpose provided below.
	* COMPLETE IN THE PRESENCE OF BHC FINANCIAL AID ADVISOR *
1	If you are unable to complete this requirement in person, please contact the Financial
	Aid Office for further instruction.

Continued on next page

(Print Student's Name)

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

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-

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
<i>-</i>	