

Financial Aid Office

2023-2024 Verification Worksheet Dependent Student (1DV4A)

Name	BHC ID
A. Identity & Statement of Educatio	n Purpose
	wk College to complete the statement below and present o identification (ID), such as, but not limited to, a driver's licens
* COMPLETE IN THE PRES	SENCE OF BHC FINANCIAL AID ADVISOR *
I certify that I	am the individual signing this Statement of
	me) ral student financial assistance I may receive will only be used f
educational purposes and to pay the co	ost of attending Black Hawk College for 2023-2024.
(Student's Signature)	(Date)
(Financial Aid Advisor)	(Date)
If you are unable to complete this requiren	nent in person, please contact the Financial Aid Office for further

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

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 2023-2024 FAFSA must sign and date.

TYPED SIGNATURES WILL NOT BE ACCEPTED

(Student's Signature)	(Date)
(Parent's Signature)	(Date)