

Financial Aid Office

2023-2024 Verification Worksheet Independent Student (1IV4A)

Name	BHC ID
A. Identity & Statement of Education	Purpose
	ck College to complete the statement below <u>and</u> present identification (ID), such as, but not limited to, a driver's license,
* COMPLETE IN THE PRESE	ENCE OF BHC FINANCIAL AID ADVISOR *
Educational Purpose and that the Federa	am the individual signing this Statement of all student financial assistance I may receive will only be used for a of attending Black Hawk College for 2023-2024.
(Student's Signature)	(Date)
(Financial Aid Advisor)	(Date)
If you are unable to complete this requireme instruction.	ent in person, please contact the Financial Aid Office for further
B. Certification and Signatures	
WARNING: If you purposely give false or m to prison, or both.	nisleading information on this worksheet, you may be fined, sent
By signing below, you certify that all of the	information reported is complete and correct.
(Student's Signature)	(Date)

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>