

Walla Walla Community College

2024-2025 Verification Worksheet

Complete and return to:
WWCC – Financial Aid Office
500 Tausick Way
Walla Walla, WA 99362

Phone: (509) 527-4301
Fax: (509) 527-1875
Email: financial.aid@wwcc.edu

V4
Custom
Verification

Your application was selected for review in a process called verification. In this process, the financial aid office will compare information from your FAFSA® with your 2022 IRS tax information. The law gives the college the right to ask you for this information before awarding Federal Aid. If there is a difference between your FAFSA® and IRS tax information, the college will make the correction electronically.

Complete this verification form and submit it to your financial aid administrator as soon as possible. The financial aid office cannot process your application without this information.

If we have reason to believe that any of the information provided is not accurate, we may require you to provide additional documentation to our office.

Federal regulations require WWCC to retain original copies of this verification worksheet and all required documentation.

If you are unable to appear in person at WWCC to submit the required documentation, your notarized paperwork **MUST** be mailed to:

WALLA WALLA COMMUNITY COLLEGE
ATTN: FINANCIAL AID OFFICE
500 TAUSICK WAY
WALLA WALLA, WA 99362

FAXED OR SCANNED/EMAILED FORMS WILL NOT BE ACCEPTED!

A. Student's Information

Student's Last Name Student's First Name Student's M.I. Student's ctclink ID

Student's Phone Number Student's last 4 of SSN Student's Date of Birth

Dependent Student*

*A student is considered dependent if he/she was required to provide parental information on the FAFSA®

Independent Student**

**A student is considered independent if he/she was not required to provide parental information on the FAFSA®

B. Identity and Statement of Educational Purpose – choose one

Identity and Statement of Educational Purpose (To be signed at the institution)

The student must appear in person at **WALLA WALLA COMMUNITY COLLEGE** to verify his or her identity by presenting 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.

Identity and Statement of Educational Purpose (To be signed in the presence of a Notary)

The student is unable to appear in person at **WALLA WALLA COMMUNITY COLLEGE** to verify his or her identity, the student must provide to the institution:

- A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; **and**
- The original Statement of Educational Purpose provided below, which must be notarized. If the notary statement appears on a separate page than the Statement of Educational Purpose, there must be a clear indication that the Statement of Educational Purpose was the documents notarized.

Student's Name: _____

ID: _____

Statement of Educational Purpose

I certify that I _____ am the individual signing this
(Print Student's Name)
Statement of 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 **WALLA WALLA COMMUNITY COLLEGE** for 2024-2025.

Student's Signature

Date

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____
(Date) (Notary's name)

personally appeared, _____, and provided to me on basis of
(Printed name of signer)

satisfactory evidence of identification _____ to be the above-named person who
(Type of government-issued photo ID provided)
signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)

(Walla Walla Community College does not reimburse for any fees associated with the notarizing process.)

C. Certification and Signatures

Each person signing below certifies that all of the information reported is complete and correct. For dependent students, one parent whose information was reported on the FAFSA® must sign and date.

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

Print Student's Name

Student's ID Number

Student's Signature

Date

Parent (required) or Spouse (optional) Signature

Date

Student's Name: _____

ID: _____

Internal Use Only

I certify that I _____ verified and documented the identification of the
Name of WWCC Financial Aid Official
student who signed the Statement of Educational Purpose.

The student submitted original notarized documentation.

Identification
attached

Signature of WWCC Financial Aid Official

Date