

Whitman $College_{m}$

2022-23 Verification Worksheet - V4/v5

| Student Name: | Whitman ID Number: |
|------------------------|--------------------|
| Student Date of Birth: | Phone: |
| Home Address | City State and Zin |

Your 2022-23 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law states that before awarding Federal Student Aid, we must ask you to confirm the information you reported on your FAFSA (34 CFR, Part 668). To verify that you provided correct information a financial aid administrator at Whitman will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete this worksheet, attach any required documents, and submit this form and other required documents to Financial Aid Services. Our office may ask for additional information. If you have questions about verification, we encourage you to contact Financial Aid Services at (509)527-5178 or e-mail our staff at finaid@whitman.edu.

IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE

You must appear in person or have the following statement notarized. Please check the box indicating your preference.

IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE (TO BE SIGNED AT THE INSTITUTION)

| government-issued photo identification (ID), such as, b | e to verify his or her identity by presenting an unexpired valid ut not limited to, a driver's license, other state-issued ID, or passport. Doto ID that is annotated by the institution with the date it was received Ition authorized to receive and review the student's ID. | |
|--|--|--|
| In addition, the student must sign, in the presence of th below. | e institutional official, the Statement of Educational Purpose provided | |
| STATEMENT OF EDUCATIONAL PURPOSE | | |
| | l student financial assistance I may receive will only be used for | |
| educational purposes and to pay the cost of attending Whitman College for 2022-23. | | |
| Student's Signature | Date | |
| Student's ID Number | | |
| For Whitman College Financial Aid Office Use Only | | |
| Signature of Staff Member that Collected form | Date | |
| Form of ID | | |

| IDENTITY & STATEMENT OF EDUCATIONAL PU | JRPOSE (TO BE SIGNED IN THE PRESENCE OF A NOTARY) | |
|--|--|--|
| | an College to verify his or her identity, the student must provide 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 | | |
| b) The original Statement of Educational Purposes provided below, which must be notarized. If the notary statement | | |
| - | ent of Educational Purpose, there must be a clear indication that the | |
| Statement of Educational Purpose was the d | ocument notarized. | |
| | | |
| STATEMENT OF EDUCATIONAL PURPOSE | | |
| I certify that I. | , am the individual signing this | |
| | | |
| 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 Whitman College for 2022-23. | | |
| cuded for a pulposes and to pay the cost of alternaring whitman contege for 2022 25. | | |
| | | |
| Student's Signature | Date | |
| | | |
| Churchenster ID Number: | - | |
| Student's ID Number | | |
| NOTARY'S CERTIFICATION OF ACKNOWLEDGMENT: COMPLETE NOTARIZATION ONLY IF SUBMITTING THIS FORM BY MAIL | | |
| | | |
| State of | | |
| | | |
| City/County of | | |
| | | |
| On, before me, | , personally appeared, | |
| Date | Notary's Name | |
| | , and proved to me because of satisfactory evidence of | |
| Printed name of signer | | |
| 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 | | |
| | | |
| | Notary Signature | |
| | | |
| Seal | | |
| My commission expires on | | |
| | Date | |

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