

C. Identity and Statement of Educational Purpose

Instructions:

Either:

- The student must appear in person at the Troy University Financial Aid Office to verify his or her identity by presenting a valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. Troy University will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the Troy University Financial Aid Office official, the **Statement of Educational Purpose** below.

Or:

- If the student is unable to appear in person at the Troy University Financial Aid Office to verify his or her identity, the student must provide:
 - (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
 - (b) The original notarized **Statement of Educational Purpose** provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose
 (Print Student's Name)
 and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Troy University for 2016-2017.

(Student's Signature)

(Date)

(Student's ID#)

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

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

personally appeared, _____, and proved to me
(Printed name of signer)

on basis of satisfactory evidence of identification _____
(Type of government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal
(seal)

(Notary signature)

My commission expires on _____
(Date)

FOR OFFICE USE ONLY: Attach photocopy of ID after verifying identity

Document Used: _____ Date Received: _____ Authorized Name: _____

Student's Name _____

SSN: _____

D. Receipt of SNAP Benefits

The student certifies that a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015 by checking the YES box below. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

Did any members of your household receive Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program in 2014 and/or 2015)?

____ YES ____ NO

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of the other person's support and will continue to provide more than half of that person's support through June 30, 2017.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

E. Child Support Paid

Did the student or spouse, who is a member of the student's household, pay child support in 2015?

____ YES ____ NO

If the student and/or spouse, who is a member of the student's household, paid child support in 2015, provide in the space below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names and ages of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If more space is needed, provide a separate page that includes the student's name and social security number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name and Age of Child for Whom Support Was Paid	Annual Amount of Child Support Paid in 2015

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

Student's Name _____ SSN: _____

F. Certification and Signature

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.

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

Student's Signature

Date

Spouse's Signature (Optional)

Date