A. Student Information

```
Last Name: ___________________________ First Name: ___________________________ M.I.: ___________________________
Student ID #: ___________________________
Mailing Address (Including City, State and Zip) _____________________________________________
Phone: ___________________________
```

B. Student Family Information

List below the people in your parent(s)' household. Include:

- Yourself
- Your parent(s) (including a stepparent) even if you don't live with your parent(s).
- Your parent(s)' other children if your parent(s) will provide more than 50% of their support from July 1, 2019, through June 30, 2020, or if the other children would be required to provide parental information if they were completing a FAFSA for 2019–2020. Include children who meet either of these standards, even if they do not live with your parent(s).
- Other people if they now live with your parent(s) and your parent(s) provide more than half of their support and will continue to provide more than half of their support through June 30, 2020.
- Include the name of the college for any household member who will be enrolled at least half time in a degree or certificate program at postsecondary educational institution any time between July 1, 2019 and June 30, 2020 excluding your parents.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
<th>Relationship</th>
<th>College</th>
<th>Enrolled at least half-time?</th>
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<tbody>
<tr>
<td><strong>Self</strong></td>
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<td><strong>State College of Florida</strong></td>
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Incomplete forms will not be processed.
C. Confirmation of Student Identity

You **must appear in person** at State College of Florida to verify your identity by presenting a copy of 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 your 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.

- Copy of driver’s license
- Copy of US Passport
- Certificate of Naturalization
- Other official government issued ID

For Office Use Only:

<table>
<thead>
<tr>
<th>Type of Document:</th>
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<th>Document Verified by:</th>
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<th>Date Document Received:</th>
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<td>_______________________</td>
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Statement of Educational Purpose

I certify that I, ________________________________, am the individual signing this Statement of Educational Purpose and (Print Student’s Name)

that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending the State College of Florida for 2019-2020.
D. High School Completion Status – Educational Records must complete this section:

Please indicate which one of the following documents was provided to Educational Records to verify high school completion status for the 2019–2020 academic year.

- [ ] Final official high school transcript that indicates the student’s graduation date.
- [ ] General Educational Development (GED) certificate or GED transcript with acceptable GED scores.
- [ ] An official college transcript that indicates the student successfully completed at least a two-year program that is acceptable for full credit toward a bachelor’s degree.
- [ ] International Evaluation Credentials showing equivalency of U.S. high school graduation.
- [ ] Other: _____________________

E. Certification

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student (must sign in person or notarize the document) must sign and date.

________________________________________  _________________
Student’s Signature                          Date

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

For Office Use Only:

________________________________________
Type of Document:

________________________________________
Document Verified by:

________________________________________
Date Document Received:

For Office Use Only:

________________________________________
FA Counselor Initials

________________________________________
Date Received
THIS DOCUMENT MUST BE NOTARIZED UNLESS YOU COMPLETED SECTION D IN THE OFFICE OF FINANCIAL AID SERVICES. PLEASE ATTACH A COPY OF THE VIEWED IDENTIFICATION.

State of

City/County of

On __________________________, before me, __________________________

(Date)

(Notary’s name)

Personally appeared, __________________________, and proved to me on basis of satisfactory Evidence of identification __________________________ to be the above-named __________________________

(Printed name of signer)

(Type of government-issued photo ID provided)

Person who signed the foregoing instrument.

WITNESS my hand and official seal

__________________________________________

(Notary Signature)

My commission expires on __________________________

(Date)