



2023-2024 Independent Student Verification Worksheet

Your FAFSA application was flagged by the U.S. Department of Education for a review process known as "Verification". As part of this process, we are required to verify the information you provided on the Free Application for Federal Student Aid (FAFSA) before disbursing financial assistance. Corrections to your FAFSA may be made by us once verification items are submitted and reviewed by our staff.

**Level
#4**

You are asked to provide the requested information within **three weeks** of our request (but no later than one month prior to your planned enrollment) to allow us time to provide you with complete and accurate information about your eligibility for financial assistance. Failure to provide this information will prevent us from disbursing financial assistance to you and may result in you not being allowed to enroll if you have not secured the funding necessary to cover your out-of-pocket costs. The sooner you provide us with this information, the longer we have to plan appropriately for your attendance at Monmouth College.

A. Student Contact Information:

Last Name: _____ First Name: _____ M.I.: _____ SS#: _____ - _____ - _____
Permanent Street Address: _____ Apt# _____ Birth date: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Preferred Email: _____ Cell Phone: _____

B. Spouse's (if you have one) Contact Information:

Last Name: _____ First Name: _____ M.I.: _____ SS#: _____ - _____ - _____
Permanent Street Address: _____ Apt# _____ Birth date: _____
City: _____ State: _____ Zip: _____ Home Phone: _____
Preferred Email: _____ Cell Phone: _____

C. Household Information: List below the people in the student's household. Include:

- 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 the children's support from July 1, 2023, through June 30, 2024, even if a child does not live with the student.
- Other people if they now live with the student and the student or spouse provide more than half of that person's support through June 30, 2024.

Full Legal Name	Relationship to you (Spouse/child)	Age	If enrolled at least half time from July 2023 – June 2024 list name of College below	Year in College during 2023-2024 (Fr/So/Jr/Sr)
1.	yourself		Monmouth College	
2.				
3.				
4.				
5.				
6.				
7.				
8.				

If you have more than 8 members in your household, please attach an additional page outlining additional members of the household.

D. Required Signatures:

Each person(s) signing below certify that all the information reported on this worksheet is complete and correct.

Student's Signature


Date

Spouse's Signature

Date

Complete, sign and return this worksheet. **Do not leave sections of this form blank.** Incomplete forms will be returned to you.
Return Form by postal mail to: Monmouth College, Office of Student Financial Planning, 700 East Broadway, Monmouth, IL 61462
Or you may FAX to: 309-457-2373 Or you may scan and email to: finaid@monmouthcollege.edu
Or you may scan and upload to the Self-Service portal at: <https://ss.monmouthcollege.edu/student/>

Wait to complete this lower section of the form when you are physically on our campus and signing in our presence.

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Student's Last Name: _____ First Name: _____ M.I.: _____ SS#: _____ - _____ - _____

Identity and Statement of Educational Purpose

(To Be Signed at Monmouth College)

The student must appear in person at Monmouth College 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. The institution will maintain a copy of the student's photo ID which 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 institutional official, the following:

Statement of Education Purpose

I certify that I, _____, am the individual signing this Statement of Education Purpose and the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Monmouth College for 2023-2024.

_____	_____	_____
Student's Signature	Student's ID Number	Date
_____	_____	_____
Monmouth College Official (printed name)	Official's Signature	Date