Benedictine College – Financial Aid

2025-2026 Dependent Verification Worksheet - V4

Your 2025–2026 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 may ask you to confirm the information you and your parent(s) reported on your FAFSA. To verify the information you provided, please complete the questions below, include parent(s) and student signature, and mail or fax the form with any required documents to the Financial Aid Office. Please turn in all documents requested ASAP to avoid delays in processing your Financial Aid. If you have questions regarding verification, contact us at 913-360-7484 or finaid@benedictine.edu.

Student's Informatio	<u>on</u>				
Student's Last Name	First Name	M.I.	Stude	nt's Last 4 of SSN	
Student's Street Address (i	include apt. no.)		Stude	nt's Benedictine School ID#	
City State Zip Code			Stude	ent's Phone Number	
Identity and Stateme	ent of Education	al Purpose (T	o Be Signed in	the Presence of a Notary)	
If the student is unable t	o appear in person	at		ducational Institution)	
to verify his or her ident	ity, the student m	Name o: ust provide to	FPostsecondary E Benedictine (ducational Institution) College all items below:	
	ent below or that is	s presented to a		eation (ID) that is acknowledged s but not limited to a driver's	
notary statement app	pears on a separate	page than the	Statement of E	d below, must be notarized. If the ducational Purpose, there must be document notarized.	
	Statem	ent of Educati	onal Purpose		
I certify that I(Print Student's Name) Statement of Educational Purpose and that the feder I may receive will only be used for educational purp			leral student fi	al student financial assistance	
				for 2025–2026.	
(Name of	Postsecondary Educat	tional Institution)			
(Student'	s Signature)		(Date)	(Student ID Number)	

Benedictine College – Financial Aid

Notary's Certificate of Acknowledgement

State of			
City/County of			
On	_, before me,	(Notary's name)	,
(Date) personally appeared,		(Notary's name), and provide e of signer)	ed to me
on basis of satisfactory evide	(Printed nam	e of signer)	
on basis of satisfactory evide	ince of identification _	(Type of unexpired government-issued	d photo ID provided
to be the above-named perso	n who signed the foreg		
WITNESS my hand and of (seal)	ficial seal.		
,		(Notary signature)	
My commission expires on _			
	(Date)		
Certifications and Signat	<u>tures</u>		
F 1 ' ' 11 4	:c 4 4 11 4 : c 4:		4-1-4-1
		on reported is complete and correct. The sust sign and date. Warning: If you pur	
		y be fined and/or sentenced to jail.	g
D : 4 C4 1 42 N		Ct. L. A ID N. L.	
Print Student's Name		Student ID Number	
Student's Signature	Date	Parent's Signature	Date
C		G	
G 1, 16 1 14	CID 1		
Financial Aid Office 1020		l by notary must be mailed to: Ben	edictine College
i manciai / Na Office 1020 l	2 Street Attinson,	120 00002	
Electronic or faxed copies	will not be accepted.		