

Financial Aid

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520 P: 509.574.6855 • finaid@yvcc.edu • www.yvcc.edu

This document must be completed and signed in the presence of a Notary. You must present an unexpired valid government-issued photo identification (ID).



A. Student Information

Last Name

В.

C.

Financial Aid

First Name

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520 P: 509.574.6855 • finaid@yvcc.edu • www.yvcc.edu

M.I.

CTCLink Student ID Number

2024–2025 Custom Verification **Dependent/Independent Student**

V4: Custom Verification - Dependent/Independent - Your 2024-2025 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You and at least one parent must complete both sides and sign this worksheet, attach any required documents, and submit the form and other required documents to the YVC Financial Aid Office. If you have guestions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

	Street Address (include apt #)						
	City	State	Zip Code	Date of Birth			
	Home Phone ()	Cell Phone		Email Address			
3.	Identification and Statement of	ing regular business hours wit f Educational Purpose Require	th valid, government ments. If you are ur	issued picture identification to complete the lable to do so, attach the separate lation Purpose form after it has been notarize			
Ξ.	Certification and Signatures By signing this document, the student certifies that all of the information reported on it is complete and correct.						
Stu	dent Signature			Date			

YAKIMA VALLEY COLLEGE

Financial Aid

S. 16th Avenue & Nob Hill Boulevard, PO Box 22520, Yakima, WA 98907-2520 Phone: 509.574.6855 • Fax: 509.574.4740 • finaid@yvcc.edu • www.yvcc.edu

Identity and Statement of Educational Purpose

Once complete, this form along with a copy of the identification that was presented MUST be turned into our office or mailed at the above address as we must have the original signed document to process. This form is to be signed in the presence of a Notary while presenting one of the following types of identification: State-issued Driver's License, State-issued Identification Card, U.S.-issued Passport or U.S. Alien Registration Card.

Statement of Educational Purpose

I certify that I	am the individual signing this
I certify that I,(Print Student's Name)	and the marvadar signing this
	leral student financial assistance I may receive will only be used for educational
	Yakima Valley College for 2024-2025.
	e of Postsecondary Educational Institution)
Student Signature:	Date: ctcLink ID: nnot be typed or copied)
(Must be an original ink signature, ca	nnot be typed or copied)
TO BE COMPLETED BY A NOTARY:	
Notary's	s Certificate of Acknowledgement
State of City/County of _	
(State)	(County)
on before me,(Not	
(Date) (Not	ary's name)
personally appeared,	and provided to me
(Printed name of	signer)
because of satisfactory evidence of identification _	(Type of unexpired government-issued photo ID provided)
	(Type of unexpired government-issued photo ID provided)
to be the above-named person who signed the fore	egoing instrument.
to be the above harried person time of great the re-	,04.116 11.14.14.14.14.14.14.14.14.14.14.14.14.1
WITNESS my hand and official seal	
(seal)	
(***)	
My commission expires on:	
(Date)	(Notary signature)