

Federal Student Aid Programs

2024-2025 VERIFICATION WORKSHEET [V4]

Your application was selected for review by the U.S. Department of Education in a process called “verification.” This process requires Mount Carmel College of Nursing by federal law [34 CFR, Part 668] to compare the information from your application with the information provided on this form. If there are differences between your application and the documents you’ve submitted, a staff member in the Office of Student Financial Aid will make corrections. **We cannot process your financial aid application until verification has been completed. Please provide the required documents as soon as possible.**

WHAT YOU SHOULD DO

- 1** Complete each section, gather required documents, and sign the worksheet.
- 2** Return the completed worksheet to the Office of Student Financial Aid
Mail: 127 South Davis Ave, Columbus, OH 43228-1504
Fax: 614-234-1123
Email: financialaid@mccn.edu
- 3** MCCN will review the information on this worksheet and make corrections if necessary. If you have questions about completing this worksheet, please contact us at 614-234-1842.

A STUDENT INFORMATION [PLEASE PRINT]

_____	_____	_____	_____
Last Name	First Name	M.I.	MCCN ID/Last 4 of SSN
_____		_____	_____
Address [include apt. #]		City	State Zip Code
_____	_____	_____	
Date of Birth	Student Email Address	Daytime Phone [include area code]	
_____		_____	
Parent Email Address			



B HIGH SCHOOL COMPLETION

Provide **one** of the following documents that indicate the student's high school completion status (check which is attached):

- A copy of the student's diploma.
- A copy of the student's final official high school transcript that shows the date when the diploma was awarded.
- A copy of the student's GED certificate or transcript.
- If state law requires a home-schooled student to obtain a secondary school completion for homeschool (other than a high school diploma or recognized equivalent), a copy of that credential.
- If state law does not require a home-schooled student to obtain a secondary school completion credential for homeschool, a transcript or the equivalent, signed by the student's parent or guardian that lists the secondary school courses the student completed & documents the successful completion of a secondary school education in a homeschool setting.

C IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE

Students may choose either option a or b (see page 3) based on whether or not they are able to come into the Office of Student Financial Aid in person.

a. To Be Signed at MCCN

- i. The student must appear in person at MCCN (Office of Student Financial Aid) 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 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 institutional official, the following:

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of
Student's Name [print]

Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Mount Carmel College of Nursing for 2024-2025.

Student Signature

Date



D IDENTITY & STATEMENT OF EDUCATIONAL PURPOSE [CONT.]

b. To Be Signed in Front of a Notary

- i. If the student is unable to appear in person at MCCN (Office of Student Financial Aid) 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 Education Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of

Student's Name [print]

Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Mount Carmel College of Nursing for 2024-2025.

Student Signature

Date

Notary's Certificate of Acknowledgement

State of _____ City/County of _____

On _____, before me, _____

Date

Notary's Name

personally appeared, _____, and provided to me on the basis of

Name of Signer [printed]

satisfactory evidence of identification _____ to the above-named

Type of Government Issued Photo ID Provided

person who signed the foregoing instrument.

WITNESS my hand and official seal

(seal)

Notary Signature



E SIGN THIS WORKSHEET

By signing this worksheet, I [we] certify that all the information reported on this worksheet is complete and correct. If dependent, at least one parent must sign. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student Signature

Date

Parent Signature [dependent students only]

Date



Office of Student
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