Roxbury Office of Financial Aid

Your financial aid application was selected for a review process called Verification. The law (34 CFR, Part 668) requires you provide this information before awarding federal aid. In addition to the below, student will need to complete the “Statement of Educational Purpose” in person with the RCC Office of Financial Aid. In addition student may need proof of high school completion.

A. STUDENT INFORMATION

Last Name  First Name  M.I.  Student ID Number

B. FOOD STAMP (SNAP) BENEFITS

Have you, your spouse, or parent (if applicable) received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years? Yes ________ No______

If asked by RCC, I will provide documentation of the receipt of SNAP benefits during the 2014 and/or 2015 year. (This request will appear on your RCC Financial Aid Document List.) If ‘yes,’ please provide the name of the beneficiary and relationship to you:

Name ___________________________ Relationship to you (student) ___________________________

C. CHILD SUPPORT PAID

Did you, your spouse, or parent (if applicable) pay child support in 2015? Yes ________ No ________

If ‘yes,’ please provide the following information:

- Name of the person who paid the child support: ____________________________________________
- Relationship to the student? Self ___________ Parent or Stepparent _______ Spouse _______
- The amount of child support paid in 2015: ____________________________________________
- The name of the person to whom child support was paid: _________________________________
- The name(s) of the child(ren) for whom child support was paid: ___________________________

If support was paid to or by multiple individuals, please attach an additional sheet detailing the above for each individual.

D. SIGN THIS WORKSHEET

By signing this worksheet, I (we) certify that all the information reported on this worksheet to qualify for federal student aid is complete and correct. If you are dependent for financial aid purposes, 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’s signature ___________________________ Date ________ Parent’s signature (dependent students only) ___________________________ Date ________

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