

2024 - 2025 Dependent Verification Worksheet 5

Student's	Last Name Student's Fi	rst Name UOG	ID Number	Program of Study			
STUDENT'S FAMILY INFORMATION							
PARENT'S MARITAL STATUS	Married Divorced/separated - Remarried Never Married - Living Togeth		Widowed Divorced/separated - Never Married—No	- Not Remarried of Living Together ot Living Together			

Carefully read the following instructions, and in the table below (use back of form if needed), report:

- Yourself,
- Your parents including step-parents. Do not include your non-custodial parent.
- Your parent(s)' other dependent children, if your parent(s) will provide <u>more than half</u> of their support from July 1, 2024 through June 30, 2025 or if the other children would be required to provide parental information if they were completing a FAFSA for 2024-2025.
- Other people <u>only if they now live with your parent(s)</u> and your parent(s) will provide <u>more than half</u> of their support from July 1, 2024 through June 30, 2025.
- Provide college information for those students attending at least half-time during 2024-2025 in a program leading to a degree, diploma, or certificate.

	Last Name	e, First Name	Age	Relationship to Student	College or University
Student				Self	University of Guam
Parents or Step- Parents					
Children and others					
	STUD	ENT AND PAI	RENT TA	X INFORMATION	
Student:			Parent	(s):	
 I filed a 2022 Tax Return and used the IRS Data Retrieval Tool on the FAFSA or attached a signed 2022 federal tax form and W2 to this worksheet. I have not filed a Federal Income Tax Return and am not 			leral O	I filed a 2022 Tax Return and used the IRS Data Retriev al Tool on the FAFSA or attached a signed 2022 federa tax form and W2 to this worksheet. I have not filed a Federal Income Tax Return and am not	
required to do so. I have attached the Non-Tax Filers Statement to this worksheet.				required to do so. I have att Statement to this workshee	
	1	Date	Danan	t Signature	Date

Student's First Name

UOG ID Number

Program of Study

STUDENT'S HIGH SCHOOL COMPLETION STSATUS

Provide <u>one</u> of the following documents to indicate the student's high school completion status when the student begins college in 2024-2025:

A copy of the student's high school diploma.

- For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or other similar document.
- A copy of the student's final official high school transcript that shows the date when the diploma was \ awarded.
- A State certificate or transcript received by a student after the student passed a State-authorized examination that the State recognizes as the equivalent of a high school diploma (GED test, HiSET, TASC, or other State-authorized examination).
- An academic transcript that indicates the student successfully completed at least a two-year program that is Acceptable for full credit toward a bachelor's degree.
- For a student who was homeschooled in a State where State law requires the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized Equivalent), a copy of that credential.
 - For a student who was homeschooled in a State where State law does not require the student to obtain a secondary school completion credential for homeschooling (other than a high school diploma or its recognized equivalent), a transcript, or the equivalent, signed by the student's parent or guardian, that lists the secondary school courses the student completed and includes a statement that the student successfully completed a secondary school education in a homeschool setting.

A student who is unable to obtain the documentation listed above must contact the financial aid office.

I certify that all the information reported on this worksheet is complete and correct.

Student Signature

Date

Date

Parent Signature

Return completed form with the original signature via mail or in-person (must show photo ID if bringing in-person). DO NOT FAX or EMAIL. WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both Mailing Address: 303 University Drive Mangilao, Guam 96923-9000 Contact: 671-735-2287/88

STUDENT'S IDENTITY AND STATEMENT OF EDUCATION AL PURPOSE

The student must appear in person at the University of Guam Financial Aid Office to verify his or her identity by

presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

STATEMENT OF EDUCATIONAL PURPOSE

I certify that I,

, am the individual signing this Statement of Educational Purpose and that the

(Print Student's name)

Federal student financial assistance I may receive will only be used for educational purpose and to pay the cost of attending University of Guam for 2024 - 2025.

Student Signature

UOG ID Number

Date

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

If the student is unable to appear in person at the University of Guam Financial Aid Office to verify his or her identity, the student must provide to the institution:

- A copy of the unexpired valid government-issued photo identification (ID) that is acknowledged in the notary statement below, or that is presented to a notary, such as, but not limited to, a driver's license, other state-issued ID, or passport; and
- The original Statement of Educational Purpose provided above, which must be notarized.

City/Country of	
On, before me,	
(Date)	(Notary's name)
personally appeared,	, and proved to me on the basis of satisfactor
(Print name	f signer)
dence of identification	to be the above-named person who signed
(Type of unexpired gover	ment-issued photo ID provided)
foregoing instrument.	
WITNESS my hand and official seal	My commission expires on
	tary's signature) (Date)

Return completed form with the original signature via mail or in-person (must show photo ID if bringing in-person). DO NOT FAX or EMAIL. WARNING: If you purposely give false or misleading information, you may be fined, be sentenced to jail, or both Mailing Address: 303 University Drive Mangilao, Guam 96923-9000 Contact: 671-735-2287/88