

Office of Financial Aid 900 Lakewood Avenue Lakewood, NJ 08701-2697 Tel: 732.987.2258 Fax: 732.987.2023 www.georgian.edu

		/ /
	M.I.	Date of Birth
-		
Last 4 Digits of Social Security #		one Number to best reach you
or spouse will pr ve with the stud nd the student o on's support thro	rovide more than half of the clent. ent. r spouse provide more than haugh June 30, 2022.	hildren's support from July 1, 2021, alf of the other person's support and will
		degree, diploma, or certificate program a
AGE	RELATIONSHIP TO YO	OU COLLEGE
	SELF	GCU
	or spouse will prove with the student of the studen	re people in your student's household according to spouse will provide more than half of the cording to we with the student. Indicate the student or spouse provide more than half of the sudent or spouse provide more than half of the sudent or spouse provide more than half of the student or spouse provide more than half of the sudent or spouse provide more than half of the sudent or spouse provide more than half of the sudent of the student or spouse provide more than half of the sudent

full credit toward a bachelor's degree (Please note, this option will take additional time in completing your verification for the

☐ If a State law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential or a copy of your transcript or equivalent signed by a

☐ I do **NOT** have a high school diploma or GED

evaluation of your transcripts)

parent or guardian

ADDITIONAL FINANCIAL INFORMATION	
1. Payments to tax deferred pension and savings plans (paid directly or withheld from earnings). Please refer to Box 12 of your W-2('s). If blank, then put \$0.	\$
2. Child support <u>received</u> for all children in 2019. Don't include foster	\$
or adoption payments. 3. Housing, food and other living allowances paid to members of the	
clergy, military or others	\$
4. Veteran's non-education benefits such as Disability, Death Pension,	\$
or Dependency & Indemnity Comprehensive, and/or VA Educational	٦
Work-Study allowances.	
5. Other untaxed income not reported such as worker's	\$
compensation, disability (not SSD or SSI), untaxed portions of health	7
savings accounts (refer to IRS 1040 form, line 25) etc.	
STUDENTS WHO REPORT NO SOURCE OF INCOME MAY BE R	EQUIRED TO FURTHER SUBSTANTIATE HOW THEY
SUPPORTED THE FAMILY IN 2019 WITH ADDITIONAL WORKS	SHEETS AND/OR DOCUMENTATION.
TAX RETRIEVAL INFORMATION The student is required to	o submit 2019 Federal tax information.
	·
The only acceptable methods to submit Federal tax information	tion are:
 Directly importing 2019 IRS information into your FA OR 	AFSA application through the IRS Data Retrieval Tool.
2. By submitting a copy of your 2019 TAX RETURN TRA	NSCRIPT To request a 2019 TAX RETURN TRANSCRIPT
	•
	ascript. *If you are having issues retrieving your 2019 tax
information, please call the IRS at 1-800-829-1040.*	
By signing below, I/we certify the information reported on this wor	ksheet is complete an accurate and authorize the Office of
Financial Aid to perform necessary electronic ISIR corrections on m	
on this form or on my FAFSA. I/we realize that any false statement	
reduction, withdrawal, and/or repayment of my financial aid. I/we	
information, I/we may be fined, sentenced to jail or both. If you ar	
information, i/we may be fined, sentenced to fail or both. If you ar	e a dependent student, one parent <u>must</u> sign below.
Student Signature Date	Spouse's Signature Date
Stadent Signature Dute	Spouse 3 Signature Date

<u>IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE</u> (TO BE SIGNED IN PERSON AT THE CAMPUS FINANCIAL AID OFFICE)

You must appear in person at the Office of Financial Aid to verify your 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 Office of Financial Aid will maintain a copy of your photo ID with the date it was received and the institutional staff member who is authorized to collect the ID.

In addition, you must sign, in the presence of an authorized staff member in the Office of Financial Aid the following:

	Statem	ent of Educational Purpose	
	ce I may receive will onl	am the individual signing this Statement y be used for educational purposes and rd year.	
Student's Signature		Date	
Office Use Only/Staff Initials			
electronic ISIR corrections on my behalf. or failure to give proof when asked may l	I/we agree to provide proof on the cause for denial, reduction,	eet is complete an accurate and authorize the Off f any information reported on this form or on my withdrawal, and/or repayment of my financial aid both. If you are a dependent student, one paren	FAFSA. I/we realize that any false statemen d. I/we also understand if we purposely give
Student Signature	Date	Spouse's Signature	 Date

<u>IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE</u> (TO BE SIGNED WITH A NOTARY)

If you are unable to appear in person at the Office of Financial Aid at Georgian Court University to verify your identity, you 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 Educational Purpose provided below

Statement of Educational Purpose					
certify that I,federal student financial assistance Georgian Court University for the	ce I may receive will only be used fo	vidual signing this Statement of Education Purporer educational purposes and to pay the cost of a	ose and that the ttending		
Student's Signature		Date			
	Notary's Certificate of	Acknowledgement			
State/of					
City/County of					
On(Date)	, before me,(Notary's name)				
Personally appeared,(Printed	name of signer)	, and provided to me on basis			
of satisfactory evidence of ider	ntification(Type of government-issued	photo ID provided)			
to be the above-named persor	n who signed the foregoing instr	ument.			
WITNESS my hand and official (seal)	l seal				
(Sea.)		(Notary signature)			
	Mv co	ommission expires on			

(date)