



**LOUISIANA DELTA**  
COMMUNITY COLLEGE

**Office of Financial Aid**  
**2017-2018 Statement of Purpose**  
**Verification Worksheet (V4)**

Monroe Campus Phone 318-345-9003 Fax 318-345-9087

Your FAFSA was selected for review in a process called "Verification." In this process LDCC is required by federal law to compare the information from your FAFSA with other documentation such as an official IRS Tax Return Transcript for you and your parent(s). If you, your spouse (if married) and/or your parent(s) were not required to file a federal tax return, you must submit a verification of nonfiling and copies of any W-2 forms or earning statements. Federal law states we have a right to ask you for this information before awarding federal aid. If there are differences between your FAFSA and the financial documents you submit, corrections will be made electronically to have your information reprocessed. **We cannot process your financial aid until verification has been completed, so please provide the required documents as soon as possible.**

**WHAT YOU SHOULD DO:**

- **ALL SECTIONS MUST BE FILLED IN.** Enter a zero if the field does not pertain to you, your spouse (if married) and/or your parent(s). You and at least one parent (if applicable) **MUST** sign the worksheet.
- Submit the completed worksheet, plus copies of any additional documentation requested to the Office of Financial Aid.

We must review the requested information under the financial aid program rules (CFR Title 34, Part 668).

**STUDENT INFORMATION**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Mailing Address (PO Box) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Best Contact Phone # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**STATEMENT OF EDUCATIONAL PURPOSE**

I certify that I, \_\_\_\_\_, am the individual signing this Statement of 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 Louisiana Delta Community College.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Must be signed in person or by notary if unable to come in person.**

**High School or Equivalent Completion**

\_\_\_\_\_ Student has submitted a copy of final high school diploma, transcript, or other documentation to LDCC that show evidence of graduation or proof of equivalent from an accredited high school or educational institutions.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**Proof of Identity**

\_\_\_\_\_ Student has submitted proof of identity in the form of photo identification such as; driver's license or passport.

\_\_\_\_\_ Date \_\_\_\_\_

Office of Financial Aid Representative

**ADDITIONAL INFORMATION** Be sure to enter zeros in no funds were paid.

	<b>Student</b>	<b>Parent</b>
Amount of annual Child Support Paid		
Child Support Paid to		
Name(s) of Eligible Child(ren)		
Do you receive SNAP? (Supplemental Nutrition Assistance Program)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Be sure all items listed below are completed and checked off before submitting to the LDCC Office of Financial Aid.

- A value has been entered for every blank.
- Student and parent (if applicable) have signed this worksheet.

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**Notary's Certificate of Acknowledgement (if applicable)**

State of \_\_\_\_\_ City/Parish of \_\_\_\_\_ on \_\_\_\_\_, (Date)  
before me, \_\_\_\_\_, (Notary Name)  
personally appeared, \_\_\_\_\_, and provided to me on basis of satisfactory (Printed Name of Signer)  
evidence of identification \_\_\_\_\_, to be the above-named who signed the foregoing instrument. (Type of government-issued photo ID provided) (Seal)

**Witness my hand and official seal** \_\_\_\_\_ (Notary Signature)

My commission expires on \_\_\_\_\_ (Date)

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**Signatures**

By signing this worksheet, I/we certify the information reported on it is complete and correct.

**Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail or both.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_