

Kodiak Corner/Student Financial Services

1. Student Information

Phone: (425) 352-8860 • Fax: (425) 352-8564 • Email: <u>finaid@cascadia.edu</u>

Identity and Statement of Education Purpose 2024-2025

Your 2024–2025 Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called verification. The law says that before awarding Federal Student Aid, Cascadia must confirm the information you reported on your FAFSA. To verify that you provided correct information, Cascadia will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. Cascadia may ask for additional information. To prevent your aid from being delayed, complete and sign this worksheet, attach any required documents, and submit the form and other required documents to Cascadia's Student Financial Services office as soon as possible.

Last Name (print)				
Lust Nume (print)	First Name	MI	Student ID #	
. Student Identity Verif	fication			
st the people in your <u>pare</u>	nts' household. Include:			
	to sign the statement below on card, or passport). The Fi		government-issued photo identification (driver's make a copy.	
		-	hoto identification (driver's license, state se for any fees associated in the notarizing process.	
3. Student Statement o	of Educational Purpose –	- To be complete by	Student	
Statement of Education	nal Purpose			
	, am the Student's Name)	individual signing this S	tatement of Educational Purpose and that the federa	al
student financial assistanc	e I may receive will only be u	sed for educational purp	oses and to pay the cost attending Cascadia College	
for the 2024-2025 school y	year.			
1 Notom de Contification	n of Acknowledgment –	To be somelated by	. Noton	
. Notary's Certification	n of Acknowledement –		/ NOLary	
	0.7.000	To be completed by	•	
State of	<u> </u>		On	,
	Ci	ty/County of	On, (Date)	
before me,	Ci	ty/County of	On	
before me,	(Notary's Name)	ty/County of, personally appeantification	On, (Date) ared,, and (Printed Name of Signer) to be the above-named	d
before me,	(Notary's Name) f satisfactory evidence of ider	ty/County of, personally appeantification	On, (Date) ared,, and (Printed Name of Signer)	d
before me,provided to me on basis of	(Notary's Name) f satisfactory evidence of ider regoing instrument.	ty/County of, personally appeantification	On, (Date) ared,, and (Printed Name of Signer) to be the above-named	d
provided to me on basis of person who signed the for	(Notary's Name) f satisfactory evidence of ider regoing instrument.	ty/County of, personally appeantification	On, (Date) ared,, and (Printed Name of Signer) to be the above-named	d

5. Student SignatureI understand that Cascadia College may request any documentation

I understand that Cascadia College may request any documentation deemed necessary to process my file. By signing this form, I (we) certify that all the information reported to qualify for Federal Student Aid is complete and correct.

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

Student:	Date:	Parent:	Date:
Complete and return to finaid@cas	scadia.edu. <mark>II</mark>	MPORTANT: Incomplete or inco	rrect forms will not be processed.