

# GREAT PLAINS

## Technology Center

2016 – 2017

### TRACKING VERIFICATION FLAG V4

#### Receipt of SNAP Benefits Child Support Paid Identity / Statement of Educational Purpose

(Independent Student)

The student certifies that a member of the student's household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2014 or 2015. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The student's household includes:

- The student.
- The student's spouse, if the student is married.
- The student's or spouse's children if the student or spouse will provide more than half of their support from July 1, 2016, through June 30, 2017, even if the children do not live with the student.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2017.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2014 or 2015.

**WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both**

#### Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Student's SSN Number

\_\_\_\_\_  
Student's Signature (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature (Optional)

## Child Support Paid (Independent Student)

The student or spouse, who is a member of the student's household, paid child support in 2015. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the persons to whom the child support was paid, the name of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2015 for each child.

If more space is needed, provide a separate page that includes the student's name and social security number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2015

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipts.

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

### Certification and Signature

Each person signing below certifies that all of the information reported is complete and correct.

Print Student's Name	Student's SSN Number
Student's Signature (Required)	Date
Spouse's Signature (Optional)	Date

# Identity and Statement of Educational Purpose

## (To Be Signed in the Financial Aid Office)

The student must appear in person at Great Plains Technology Center to verify his or her 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 institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

In addition, the student must sign, in the presence of the institutional official, the following:

### Statement of Educational Purpose

I certify that I, \_\_\_\_\_ am the individual signing this  
(Print Student's Name Clearly)

Statement of Educational 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 Great Plains Technology Center for the 2016 -2017 award year.

\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student's Social Security Number)