

## 2025-2026 Verification Worksheet

Identity and Statement of Educational Purpose

Your 2025-2026 Free Application for Federal Student Aid (FAFSA) has been selected for review in a process called verification. The law states that before awarding Federal Student Aid, Trinity Christian College may ask you to confirm the information you, your spouse (if married) and your parents reported on your FAFSA. To verify that you provided correct information, Trinity Christian College 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. You and at least one parent of a dependent student must complete and sign this worksheet. Attach any required documents, and submit this form and the documents to the Financial Aid Office at Trinity Christian College. If you have questions about verification, please call (708) 239-4872 as soon as possible so that your financial aid will not be delayed.

STUDENT'S INFORMATION			
Last Name	First Name	M.I.	Student's ID Number
VERIFICATION OF	IDENTITY AND STATEMENT	OF EDUCATIO	ONAL PURPOSE
valid government-issued passport. Trinity will mai	in person at Trinity Christian College to photo identification (ID), such as, but no intain a copy of the student's photo ID the the name of the official at Trinity au	ot limited to, a dra hat is annotated by	iver's license, other state-issued ID, or y the Trinity with the date it was
In addition, the student m	nust sign, <u>in the presence</u> of the Trinity	official, the State	ement of Educational Purpose below.
	STATEMENT OF EDUC	ATIONAL P	<u>URPOSE</u>
I CERTIFY THAT I (pri	nt student's name)		AM THE
•	·	NAL PURPOSE A	AND THAT THE FEDERAL STUDEN
FINANCIAL ASSISTAN	NCE I MAY RECEIVE WILL ONLY E	BE USED FOR EI	DUCATIONAL PURPOSES AND TO
PAY THE COST OF AT	TENDING TRINITY CHRISTIAN CC	OLLEGE FOR 202	25-2026.
Student's Signature		Date	
Student's ID Number			
CERTIFICATION AND		WARNING: If	you purposely give false or misleading
The person signing this worksl is complete and accurate to the	neet certifies that all reported information best of their knowledge.	federal student	this worksheet for the purpose of accessing aid, Trinity Christian College will report your aspector General of the U.S. Department of

## **Important:**

Students unable to appear in person at Trinity Christian College to verify their identity must complete the second page of this form. Notarization is <u>required</u> for this alternative method of identity verification.

Student's Name:			
Student's ID Number  If the student is unable to appear in person at Trinity Christian College to verify his or her identity, the student must prothe institution:			
<ul><li>a) A copy of the unexpired valid government-issued photo identithat is presented to a notary, such as, but not limited to, a drive</li><li>b) The original Statement of Educational Purpose provided</li></ul>			
c) You must return the completed notarized form to the Fin	nancial Aid Office at Trinity Christian College.		
STATEMENT OF EDUC	ATIONAL PURPOSE		
I CERTIFY THAT I (print student's name)INDIVDUAL SIGNING THIS STATEMENT OF EDUCATION FINANCIAL ASSISTANCE I MAY RECEIVE WILL ONLY B PAY THE COST OF ATTENDING TRINITY CHRISTIAN CO	NAL PURPOSE AND THAT THE FEDERAL STUDENT SE USED FOR EDUCATIONAL PURPOSES AND TO		
Student's Signature	Date		
Student's ID Number  CERTIFICATION AND SIGNATURE	WARNING: If you purposely give false or misleading information on this worksheet for the purpose of accessing federal student aid, Trinity Christian College will report your actions to the Inspector General of the U.S. Department of Education.		
The person signing this worksheet certifies that all reported information is complete and accurate to the best of their knowledge.			
NOTARY'S CERTIFICATE O			
State of: County of:			
On , before me,			
On, before me,	Notary's Name		
Personally appeared,Printed !	, and provided Printed Name of Signer		
me on basis of satisfactory evidence of identification	Type of government issued ID provided		
To be the above-named person who signed the foregoing			
WITNESS my hand and official seal:			
Notary's Signature	Date		
MY COMMISSION EXPIRES ON	Seal:		

Trinity Christian College Attn: Financial Aid Office 6601 W. College Drive, Palos Heights, IL 60463

Fax: (708) 239-4814 E-Mail\*: Verification@trnty.edu