



2023-2024 Verification Worksheet Version 4

Student Financial Services • 1500 College Parkway • Elko, NV 89801 Phone#: (775) 327-2095 FAX: (775) 327-5105
Website: www.gbcnv.edu/financial Email: financial-aid@gbcnv.edu

Your **2023-2024** Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. You and one parent (if dependent) must complete and sign this worksheet, attach any required documents, and submit the form along with any other additional information required by the GBC Financial Aid Office.

A. Student's Information

First Name: _____ Last Name: _____ GBC ID #: _____
Address _____ City _____ St _____ Zip _____ Phone # _____

B. Dependency Status- Select One

Dependent- A student is considered dependent if he/she was required to provide parental data on the FAFSA **Independent-** A student is considered independent if he/she was not required to provide parental data on the FAFSA

C. Supplemental Nutrition Assistance Program (SNAP) Benefits

Please select **YES** or **NO**. **DO NOT** leave anything blank.

Did any members of your stated household receive food stamps, State Supplemental Nutrition Assistance Program (SNAP) in 2021? Yes No

Please sign the statement in the area provided below by you, or your parents if you are dependent, affirming benefits were received by someone in the household during 2021. I, _____, affirm that SNAP benefits were received by someone in the household during 2021.

Student Signature _____ Date: _____ Parent Signature: _____ Date: _____

D. Child Support Paid Out

On your **2023-24 FAFSA**, if you stated that someone in your household paid child support due to a **COURT MANDATED** requirement in 2021. Please complete the following information. **DO NOT LEAVE THIS BLANK, if not applicable, enter "N/A"**

Child Support you PAID OUT due to a **COURT-MANDATED** requirement (attach a separate page if needed) in 2021

Child's Name	Name of person paying support	Name of person receiving child support	Student/Spouse(if married) Annual Amount 2021	Parent(s)- if dependent Annual Amount 2021
			/year	/year
			/year	/year
			/year	/year
			/year	/year

Please sign the statement in the area provided below by you or your parents if you are dependent, affirming that child support was by paid out by someone in the household during 2021. I, _____, affirm that child support was paid out by someone in the household during 2021.

Student Signature: _____ Date: _____ Parent Signature _____ Date: _____

E. High School Completion Status- Please check the box (ONLY ONE) that indicates your high school completion status

High School Diploma Please submit a:

- Copy of the student's high school diploma; OR
- Copy of the student's final high school transcript which includes the date of the high school completion

State Certificate

- Copy of the certificate the student received after passing a state-authorized examination which the state recognizes as the equivalent of a high school diploma

Did Not Complete High School but Excelled

Academically in High School

- Documentation from the high school that the student excelled academically; AND
- Documentation from the postsecondary institution that the student met its formal, written policies for

GED Completion Please submit a:

- Copy of the student's GED Certificate; OR
- Copy of the student's GED Transcript

Two-Year Program Completion

- Copy of the student's academic transcript showing the student has completed at least a two year program acceptable for full credit towards a bachelor's degree

Home Schooled Students

- A transcript or the equivalent signed by the student's parent or guardian that lists the secondary school courses completed by the student and documents the successful completion of a secondary school education

F. Proof of Identity and Statement of Educational Purpose (FOR STUDENTS ONLY)

Please submit a copy of a valid government issued photo identification, including but not limited to a driver's license, state issued picture ID, military identification or passport.

I, (print name) _____, certify that the federal financial aid received will only be used for educational purposes to pay the cost of attending Great Basin College for **2023-2024**.

Student Signature: _____ **Date:** _____

By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.

Jurat

State of _____ **County of** _____ **Subscribed and sworn/affirmed to before me this date**
of _____ **20** _____ **, by** _____

Notary Public _____

My Commission Expires: _____

Please note: This form cannot be Faxed or E-mailed.

- This original form must be submitted in person or mailed to the GBC Elko Campus. Or, submit this form to your respective GBC Off-Campus Centers. The Center will mail directly to the GBC Financial Aid Office
- **Out-of-state students** will need to submit the original form by mail with supporting documents.
- Please submit a copy of valid government-issued photo identification, including but not limited to a **driver's license**, or **military identification** or a valid **passport**.

Individuals who willfully submit fraudulent information and/or documentation to obtain federal funds will be investigated to the fullest extent possible. Cases of fraud will be reported to the Office of the Inspector General in Washington D.C

I hereby certify that the information provided is true and correct to the best of my knowledge. If I purposely give false or misleading information to establish eligibility for **Federal Financial Aid**, I may be subject to **\$10,000 fine, prison sentence, or both**.

Student Signature _____ **Date:** _____ **Parent Signature** _____ **Date** _____