

Verification Worksheet V4 - Independent Student

815 North Orlando Smith Rd, CTC-1015 Oglesby, Illinois 61348 E-mail: financialaid@ivcc.edu Telephone: 815-224-0438 Fax: 815-224-0638						
Name	Student's ID Number					
A. Illinois Residency Verification						
The Illinois Student Assistance Commission (ISAC) reqresidency.	uires independent students to verify Illinois					
For an independent student to be considered a resident of III	inois they must have physically resided in Illinois					

requested and Illinois must be their true, fixed, and permanent home.

for 12 continuous full months immediately prior to the start of the academic year for which assistance is

You <u>must</u> submit a copy of <u>one</u> of the acceptable documents listed below with a date of issuance between September 1, 2022 and September 1, 2023.

Acceptable Documents:

Illinois auto registration

- Residential lease signed by you and your landlord
- Illinois driver's license or Illinois State Issued ID
- Utility or rent bills in your name
- Statement of benefit history from Illinois Department of Public Aid

	I have	not li	ived	in	Illinois	for	one	year
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☐ I did live in Illinois during this period; however I am unable to provide supporting documentation. I understand that checking this box will render me ineligible to receive the Illinois MAP Grant.

B. Identity and Statement of Educational Purpose

The student **must appear in person** at Illinois Valley Community College to verify their identity by presenting a valid, unexpired, 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 by the institution with the date it was received and reviewed 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:

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Statement of Educational Purpose

I certify that I, _		, am the individual signing this Statement of Educational						
		financial assistance I may receive wi						
purposes and t	o pay the cost of attend	ing Illinois Valley Community College	e for 202	24-2025.				
Student Signature —	Must be drawn and not typed.		Date					
		rson at Illinois Valley Community Col	llege to	verify their identity,				
the student mu (a) A copy of th		ernment-issued photo identification (I	D) that	is acknowledged in the				
•		not limited to a driver's license, other		sued ID, or passport; and				
(b) The original	notanzed Statement of	Educational Purpose provided belov	v.					
	Nota	ry's Certificate of Acknowledgeme	ent					
State of Illinois								
City/County of								
On	(Date), before me, _		Notary's	name), personally				
appeared,		(Printed name of signer), and	d prove	d to me on basis of				
satisfactory evi	dence of identification_	(Type	of gove	rnment-issued photo ID)				
to be the above	e-named person who sig	gned the foregoing instrument.						
WITNESS my	hand and official seal							
		(Notary signature	e)	(Date)				
Certific	cation and Signature)	WARNII	NG: If you purposely give false or				
			mislead	ling information on this worksheet, y be fined, be sentenced to jail, or				
The weeks a:			both.	y be filled, be selficilised to juli, of				
•	gning below certilles in neet is complete and o	that all the information reported						
	iot io complete and							
G. 1 . G.	March In January							
Student Signature →!	Must be drawn and not typed.		Date					

Forms can be submitted by:

Fax: 815-224-0638 | Mail: Office of Financial Aid, 815 N. Orlando Smith Rd Oglesby, IL 61348 | In Person: CTC-101S

Note: Documents submitted via email cannot be accepted due to security reasons.