OFFICE OF FINANCIAL AID



3315 University Drive | Bismarck, ND 58504

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Fax: 701-530-0611

Secure File Drop: https://sendfiles.uttc.edu/filedrop/FinancialAid

2021-2022 Verification Worksheet for Dependent Student – Form 4 (VWD4)

Student Social Security Number *or* Student ID Number:______

Student Name:	Phone Number:
	k ink. Failure to accurately complete this form may result in a delay of processing or change cumentation may be requested. Read instructions carefully before completing.
	Section 1: High School Completion Status
Please submit documentation to verify can include:	you have completed a high school education. Acceptable documentation
completion date	copy of an official high school transcript. Transcripts must verify graduation
 GED certificate or transcript 	
for full credit towards a bac	hat you have successfully completed at least a two-year program that is acceptable chelor's degree at any participating school
	·
	foreign country, a copy of the "secondary school leaving certificate" or similar School transcript is provided it must be translated and evaluated. For a list of qualified
	it www.naces.org/members.
	2
Type of documentation submitted:	
Designated institutional official:	
	(School official's printed name)
	Section 2: Identity
MUST BE	COMPLETED & SIGNED AT THE FINANCIAL AID OFFICE
If unable to appear in person	at the Financial Aid Office, you must complete this section with a notary
You must appear in person at	Financial Aid Office to verify your
	(Name of institution)
	d government-issued photo identification (ID), such as, but not limited to, a driver's ort. The institution will maintain a copy of your photo ID.
Type of documentation submitted:	
Designated institutional official:	
	(School official's printed name)



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3315 University Drive, Building 69 Bismarck, North Dakota 58504 financialaid@uttc.edu

Phone: **701.255.3285** Fax: **701-530-0611**

Student Social Security Number or Student ID Number:_____

Section 3: Statement of Educational Purpose

MUST BE COMPLETED & SIGNED AT THE FINANCIAL AID OFFICE

If unable to appear in person at the Financial Aid Office, you must complete this section with a notary

n addition, you must sign, in the presence	e of the institutional official, the follo	wing:
I certify that I	am the	individual signing this Statement of Educational
(Student's	printed name)	
Purpose and that the federal studen	t financial assistance I may receive w	ill only be used for educational purposes and to p
the cost of attending		for 2021-2022.
	(Name of institution)	
tudent Signature:		Date:
This section should only be completed		on at the institution with a designated official. I
form (the original on which the seal is copy of the government-issued identif		ancial Aid Office at your institution along with the tition.
<u>No</u>	tary's Certificate of Acknowledg	ement
State of	City/County of	
On	, before me	
On(Date)	, before me(N	lotary's name)
(Date) Personally appeared		
Personally appeared	(Printed name of signer)	and proved to me on the basis ofto be the above-named
Personally appeared	(Printed name of signer)	and proved to me on the basis ofto be the above-named
Personally appeared	(Printed name of signer) (Type of unexpired government-issu	and proved to me on the basis ofto be the above-named
Personally appeared	(Printed name of signer) (Type of unexpired government-issuument.	and proved to me on the basis ofto be the above-named
Personally appeared	(Printed name of signer) (Type of unexpired government-issument. My commission expires on	and proved to me on the basis ofto be the above-named ued ID provided)