



## Clarification Statement

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**If you complete this form online, it will be routed to the appropriate person automatically. We recommend you print a copy for your records.**

### SECTION A – BACHELOR’S DEGREE/GRADUATE PROGRAM

- |  |  |
|--|--|
| <input type="checkbox"/> I do have a BA/BS degree or equivalent.                     | <input type="checkbox"/> I do not have a BA/BS degree or equivalent.                     |
| <input type="checkbox"/> I am enrolled in a master’s or doctorate program for 07-08. | <input type="checkbox"/> I am not enrolled in a master’s or doctorate program for 07-08. |

### SECTION B – SELECTIVE SERVICE

- I certify that I am registered with Selective Service. Please attach a copy of your web registration record. **Selective Service** – [www.sss.gov](http://www.sss.gov).
- I certify that I am not required to register with Selective Service because:

\_\_\_\_\_ I am female.

\_\_\_\_\_ I have not reached my 18<sup>th</sup> birthday.

\_\_\_\_\_ Entered the country after age 26. (Attach proof such as a copy of your Visa, passport, etc.)

\_\_\_\_\_ I was born before 1960.

\_\_\_\_\_ I am in the armed services on active duty. (**Note:** This does not apply to members of the Reserves and National Guard who are not on active duty).

\_\_\_\_\_ Did not register (Attach letter explaining why you did not register). You must also send a Selective Service Status Information Letter to Selective Service. Obtain a form from the Student Financial Services office or our website.

### SECTION C – 2006 LOW INCOME VERIFICATION

- |   |  |
|---|--|
| <input type="checkbox"/> <b>DEPENDENT STUDENT</b><br>(Parent must complete) | <input type="checkbox"/> <b>INDEPENDENT STUDENT</b><br>(Student must complete) |
|---|--|

I (or my family) reported an unusually low income on my Student Aid Report (SAR). My living expenses for 2006 were covered by: Please check the appropriate box.

- A friend or relative provided food and allowed me to live with them rent free. They did not pay any obligations or bills on my behalf.

**(Turn over and complete back of form)**

- I (or on behalf of my child) received non-taxable assistance from one or more of the following programs/agencies. Enter the total amount received in 2006 on the appropriate line. \*\* Use the back of this form to explain assistance not listed below.

\$ \_\_\_\_\_ Food Stamps    \$ \_\_\_\_\_ Medicaid/Medicare    \$ \_\_\_\_\_ HUD  
 \$ \_\_\_\_\_ Utilities        \$ \_\_\_\_\_ Voucher  
 \$ \_\_\_\_\_ Student Aid    \$ \_\_\_\_\_ \*\*Other

- I received Welfare (TANF check) every month. I received a total of \$ \_\_\_\_\_ for the calendar year 2006. **(Worksheet A)**. Do not include Food Stamps or subsidized housing.
- I lived with a friend or relative who paid for obligations or bills on my behalf. This may have included grocery money, rent, utilities, car insurance, etc. The value of the cash support for the calendar year 2006 was \$ \_\_\_\_\_. **(Worksheet B)**

**\*\*OTHER/EXPLANATION**

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**SECTION D – HOUSEHOLD SIZE**

You listed people in your household size that are not members of your immediate family. Please, explain why they are being included in household size. **Each person listed must receive more than half of their support from you or your parents.**

<u>Full Name</u>	<u>Age</u>	<u>Explanation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

By signing this worksheet, I certify that all the information reported to qualify for federal student aid is complete and correct.

Student Signature \_\_\_\_\_      Parent Signature \_\_\_\_\_  
 Date \_\_\_\_\_                      Date \_\_\_\_\_