

2025-2026 Custom Verification Form - V4

Office of Student Financial Aid

Your 2025-2026 FAFSA was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school.

			С
Last Name	First Name	M.I.	BRCTC ID Number
Email Address			Phone Number (include area code) Mobile/Cell Phone Landline/Other
Student's Educat	ional Purpose		
the Financial Aid	Office. If you are unable	to appear in perso	cial Aid staff member. Do not sign this section until you are at on, contact finaid@blueridgectc.edu for a copy of the Notarized eleted in front of a public notary.
"I certify		udent's Name)	am the individual signing this Statement of
Education	nal Purpose and that the	e Federal student i	financial assistance I may receive will only be used
for educa	ational purposes and to	pay the cost of att	ending Blue Ridge CTC for 2025-2026."
Student Signature	= — only sign at Fin. Aid (Office	Date
Student ID Numb	er		
Financial Aid Staff	f Name and Signature		Date

Last Name	First Name	M.I.	BRCTC ID Number
Student Ide	entification Information		
Government finaid@blu	nt Issued documentation to a	Financial Aid st	you must appear in person and present <u>ONE</u> of the following aff member. If you are unable to appear in person, contact ement of Educational Purpose that must then be completed in
** Military	ID card is not acceptable docun	nentation for thi	s purpose.
	Driver's License		
	Photo Identification Card		
	Passport		
	Other:		

Household Information

Refer to the chart below to determine who you should include in our household size. Please note support includes money, gifts, loans, housing, food, clothes, car, medical and dental care, payment of college costs, etc.

Independent Student	Dependent Student
You should list the following people within your household for whom you will provide more than half of their support between July 1, 2025 and June 30, 2026.	You should list the following people within your parent's household for whom your parent(s) will provide more than half of their support between July 1, 2025 and June 30, 2026.
 Yourself and Your spouse, if you are married and Your children and Other people if they now live with you 	 Yourself and Your parent(s) (including a stepparent) even if you do not live with your parents and Your parent(s) other children and Other people if they now live with your parent(s)

Include the name of the college for any household member, who will be enrolled, at least half time in a degree, diploma, or certificate program at an eligible postsecondary educational institution any time between July 1, 2025, and June 30, 2026.

Full Name	Age	Relationship	College Name	Will Be Enrolled at Least ½ Time?
John Smith (example)	29	Husband	Example University	Yes
		self	Blue Ridge CTC	

Last Name	First Name	M.I.	BRCTC ID Number
			ertify that all of the information reported above, used to
-	•		entenced to jail, or both.
Student Signa	nature – in ink, typed signature not accepted		Date
Parent Signat	ure (If dependent stude: signat	nt) – in ink, typed ure not accepted	Date
	J	,	

To return this form, please visit in person:

Office of Student Financial Aid, 13650 Apple Harvest Drive, Martinsburg, WV 25403 *If you are unable to visit in person, check our website for a Notarized Statement that must be completed with a notary.*

Summer: July 18, 2026