UH HILO - VERIFICATION WORKSHEET FOR FEDERAL STUDENT AID · 2000-2001

TO BE COMPLETED BY ALL APPLICANTS
MAIL OR DELIVER TO:
UNIVERSITY OF HAWAI'I AT HILO
FINANCIAL AID OFFICE
200 WEST KAWILI STREET
HILO, HAWAI'I 96720-4091

(PLEASE PRINT) LAST NAME FIRST M.I. SOCIAL SECURITY NUMBER

MAIDEN NAME OTHER NAMES USED E-MAIL ADDRESS

ADDRESS:
STREET APT. CITY STATE ZIP CODE (AREA CODE) TEL. NO.

Note: Please be reminded that all continuing/returning students must direct change of address to the UH Hilo Records Office. The address on this form does not constitute a change in records. All correspondence will be mailed to student's local address.

Section A—Student's Information

1. Please check one: □ New Student □ Continuing Student □ Returning Student to UH Hilo (break in enrollment)

2. Your anticipated graduation date ______________________________ (month/year)

3. Have you ever applied and/or received financial aid at UH Hilo? □ Yes □ No
   If yes, what year did you last apply for or received financial aid. ______________

4. List below the college(s) or other post secondary schools that you have attended. Begin with the college you attended most recently. If more space is needed, use section H.

<table>
<thead>
<tr>
<th>Name, City and State of College</th>
<th>Period of Attendance</th>
<th>Received Aid</th>
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</thead>
<tbody>
<tr>
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<td>From: (mo/yr)</td>
<td>To: (mo/yr)</td>
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5. If attending UH Hilo for the Spring semester only, will you be attending another institution for the Fall 2000 semester?
   □ Yes □ No
   If "Yes" please indicate name of institution ________________________________
   You must provide FAO with a Financial Aid Transcript from the above institution.

6. During the 2000-2001 school year, you want institutional financial aid for the following:
   □ Fall and Spring □ Fall only □ Spring only □ Summer 2001 (Inform FAO of your plans for summer by March 1, 2001)

7. If employed under the Federal College Work Study program during the 1999 calendar year, write in your gross FWS earnings: $____________.00

8. If you reported off-campus earnings, will you continue to work off-campus during the 2000-2001 academic year?
   □ Yes □ No

9. Interested in being offered Federal Work Study? □ Yes □ No

10. Interested in being offered loans only? □ Yes □ No
**Section B—Family Members' Listing**

Give information for all family members but don't give information about yourself. List up to seven other family members here. If there are more than seven, list first those who will be in college at least half-time. List the others in Section H.

<table>
<thead>
<tr>
<th>Full name of family member</th>
<th>Age</th>
<th>Relationship Codes (Use code below*)</th>
<th>In the 2000-2001 school year, will attend college for at least one term (full-time/half-time)</th>
<th>Name of school or college this person will attend or occupation</th>
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<tr>
<td>You—the Student Applicant</td>
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</table>

Write in correct code from below ↑

* Relationship Codes: 1—Student's parent  2—Student's stepparent  3—Student's brother/stepbrother or sister/stepsisiter  4—Student's husband or wife  5—Student's son or daughter  6—Student's grandparent  7—Other (Explain in Section H.)

**Section C -**

1. If you/spouse and/or parent(s) entered a figure other than "0" in question 46 or question 80 on the FAFSA list the types of resources and amount received (for example, child support, social security, benefits to members of military, clergy, etc). "OR" you may submit a xerox copy of worksheet A from the FAFSA.

<table>
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<tr>
<th>Agency/Source</th>
<th>Resource Amount</th>
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2. If you/spouse and/or parent(s) entered a figure other than "0" in question 47 or question 81 on the FAFSA list the types of resources and amount(s). (For example, child care paid, Educational credits, etc.) "OR" you may submit a xerox copy of worksheet B from the FAFSA.

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<tr>
<th>Agency/Source</th>
<th>Resource Amount</th>
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**Section D - Student/Spouse Income**

1. I/We (student/spouse) have not and will not file a 1999 U.S. income tax return.

<table>
<thead>
<tr>
<th>DATE</th>
<th>STUDENT'S SIGNATURE</th>
<th>SPOUSE'S SIGNATURE</th>
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</table>

2. I/We (student/spouse) have or will file a 1999 U.S. income tax return and have or will submit a complete signed xeroxed copy to the UH Hilo Financial Aid Office. [ ] Check here for yes.

3. If you are reporting "zero" for earned income for 1999 on the Free Application for Federal Student Aid, describe how the following expenses were met - Housing, Food, Medical, Transportation:

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If you were directed to provide parents' information when you completed the Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA, you should also give parents' information in the following sections.

Section E—Parent's/Custodial Parent & Stepparent

1. I/We parent(s) of ___________________________________ have not/will not file a 1999 U.S. income tax return.
2. I/We parent(s) of ___________________________________ have or will file a 1999 U.S. income tax return and have or will submit a complete signed xeroxed copy to the UH Hilo Financial Aid Office. □ Check here for yes.
3. a. Name ___________________________ Age ____
   Father or Stepfather
   b. Occupation/Employer ____________ No. years ____
3. a. Name ___________________________ Age ____
   Mother or Stepmother
   b. Occupation/Employer ____________ No. years ____
4. Parent(s) address:
   Street address: ________________________________
   City/State/Zip: ________________________________

Section F — Divorced, Separated, or Remarried Parents (Non-Custodial Parent)
(To be answered by the parent who completes this form, if the student’s natural or adoptive parents are divorced, separated, or remarried.)

1. a. Year of separation ____ Year of divorce ____
   b. Other parent's name ________________________
   Home address ________________________________
   __________________________________________
   __________________________________________
   c. Who last claimed the student as a tax exemption?
   In which year? _____
   d. Is there an agreement specifying a contribution for the student's education?       Yes □   No □
   If yes, how much for the 1999-2000 school year? $ ______00
   e. According to court order, when will support for the student end?     Month/Year

Section G—Other Real Estate, Business & Farm, Investments

1. Estimated Current Market Value _____________________
2. Amount Owed _____________________
3. Year Purchased _____________________
4. Purchase Price _____________________
5. Identify the source/type of investment (s) ____________________________________________.
6. If property is in the State of Hawai‘i, please submit a xeroxed copy of the 1999 County property assessment to UH Hilo Financial Aid Office with applicant’s name on the xeroxed copy.
7. Business & Farm Only: If you have a Business/Farm you may be required to complete the supplemental Business/Farm form.
Section H—Explanations/Special Circumstances  Use this space to explain any unusual expenses such as high medical or dental expenses, educational and other debts, child care, elder care or special circumstances. Also give information for any outside scholarships/stipends you have been awarded.

Section I
A. Statement of Registration Status
   ___ I certify that I am registered with Selective Service
   ___ I certify that I am not required to register with Selective Service, because:
      ___ I am female
      ___ I am in the armed services on active duty
         (Note: Does not apply to members of the Reserves and National Guard who are not on active duty)
      ___ I have not reached my 18th birthday; however, I authorize the University of Hawai‘i at Hilo, Financial Aid Office to register me for selective service through the FAFSA
      ___ I was born before 1960
   ___ I am a resident of the Federated States of Micronesia or the Marshal Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau)

B. I authorize UHH to reregister me for selective service via the FAFSA when the US DOE does not provide confirmation although I may have already registered.

C. I authorize the University of Hawai‘i at Hilo, Financial Aid Office to obtain the FAFSA information from the Central Processing System. I will provide the PIN # upon request.

STUDENT'S SIGNATURE DATE

Section J - Certification: Everyone giving information on this form must sign below.
By signing this worksheet, I certify that all of the information reported to qualify for Federal student aid is complete and correct. Also, you certify that you (1) will use federal student financial aid only to pay the cost of attending an institution of higher education, (2) are not in default on a federal student loan or have made satisfactory arrangements to repay it, (3) do not owe money back on a federal student grant or have made satisfactory arrangements to repay it, and (4) will notify your school if you default on a federal student loan and (5) understand that the Secretary of Education has the authority to verify income reported on the FAFSA with the Internal Revenue Service. WARNING: If you purposely give false or misleading information on this worksheet, you may be subject to a $10,000 fine, a prison sentence or both.

1 Student's signature  2 Student's spouse's signature  3 Father’s (Stepfather’s) signature  4 Mother's (Stepmother's) signature

Date this form was completed: Write in the month and day. Mark in the year completed. _____ /______ 2000 2001

DO NOT MAIL THIS WORKSHEET TO YOUR APPLICATION PROCESSOR. INSTEAD, TAKE IT OR MAIL IT TO UNIVERSITY OF HAWAI‘I AT HILO - FINANCIAL AID OFFICE.