



**C. STUDENT TAX INCOME INFORMATION**

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Did you file a Federal Income Tax Return for 2016? (Circle one) Yes No

1. If you answered **YES**, check the box that applies: **(SEE INSTRUCTION BOX FOR DETAILS)**
  - I **have used** the IRS Data Retrieval Tool to transfer my 2016 IRS income information into my FAFSA.
  - I will submit my **2016 IRS tax return transcript(s)**—not photocopies of my income tax return to the Student Financial Aid Office.
  
2. If you answered **NO**, check the box that applies:
  - I **WAS NOT** employed and had **NO** income earned from work in 2016.
  - If you answered **NO**, but worked in 2016, attach a photocopy of your 2016 W-2s and unemployment documents (if applicable). **List every employer or any Untaxed Income you may have received.**

Employer’s Name and/or Untaxed Income	2016 Amount Earned	IRS W-2 Provided?

**D. PARENT(S) TAX INCOME INFORMATION**

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Did you (and/or your spouse) file a Federal Income Tax Return for 2016? (Circle one) Yes No

1. If you answered **YES**, check the box(s) that applies: **(SEE INSTRUCTION BOX FOR DETAILS)**
  - I **have used** the IRS Data Retrieval Tool to transfer their 2016 IRS income information into the FAFSA.
  - I will submit my **2016 IRS tax return transcript(s)**—not photocopies of the income tax return to the Student Financial Aid Office.
  
2. If you answered **NO**, check the box that applies:
  - I and/or my spouse was employed and had **NO** income earned from work in 2016.
  - I worked in 2016 and will attach a photocopy of my 2016 W-2s and unemployment documents (if applicable). **List every employer or any Untaxed Income you may have received.**

Employer’s Name and/or Untaxed Income	2016 Amount Earned	IRS W-2 Provided?

**E. HIGH SCHOOL COMPLETION STATUS**

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Please select which option describes you:

- I **DID** graduate from high school and have a high school diploma.
- I **DID** receive a GED.
- I **DID** graduate from a home school program.
- I **DID NOT** receive a high school diploma or its equivalent from any of the above sources.

If you graduated from high school, home school program or received a GED, you must provide documentation to our office.

**F. IDENTITY AND STATEMENT OF EDUCATIONAL PURPOSE - IN PERSON**

The student must appear in person at the Financial Aid Office to verify his or her identity by presenting a valid 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 with the date it was received 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 of Educational Purpose**

I certify that I (Print Student's Name) \_\_\_\_\_ am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Baptist College of Health Sciences for 2018-2019.

\_\_\_\_\_  
(Student's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

Staff Witness:
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**G. BY MAIL (Originals required, fax NOT acceptable)**

If the student is unable to appear in person at the Financial Aid Office to verify his or her identity, the student must provide both: **(To Be Signed With Notary)**

- (a) A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On (Date) \_\_\_\_\_, before me (Notary's name), \_\_\_\_\_

personally appeared (Printed name of signer) , \_\_\_\_\_,

and provided to me on basis of satisfactory evidence of identification (Type of government-issued photo ID provided)

\_\_\_\_\_ to be the above-named person who signed the foregoing instrument.

**WITNESS my hand and official seal**

(seal)

\_\_\_\_\_  
(Notary signature)

My commission expires on (Date) \_\_\_\_\_

**H. CERTIFICATION AND SIGNATURE**

**Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.**

<b>WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.</b>
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\_\_\_\_\_  
**Student's Name (Print)**

\_\_\_\_\_  
**Student's Signature (Required)** \_\_\_\_\_ **Date (Required)**

\_\_\_\_\_  
**Parent's Signature (Required)** \_\_\_\_\_ **Date (Required)**