2020-21 Verification Worksheet Signature Page

Student Name________________________________________  Student ID____________________

Last  First  MI

Phone Number_____________________________________________

Certification and Signatures

Each person signing this worksheet certifies that all of the information reported on the submitted verification worksheet is complete and correct. The student (and one parent if dependent) must sign and date below.

________________________________________  __________________________
Student’s signature  Date

________________________________________  __________________________
Parent’s signature  Date

Submit this worksheet to the Financial Aid Office at SC4.

St. Clair County Community College
323 Erie St
PO Box 5015
Port Huron, MI 48061

Or fax: 810-989-5774
financialaid@sc4.edu
810-989-5530

You should make a copy of this worksheet for your records.

WARNING: If you purposely give false or misleading information on the verification worksheet, you may be fined, be sentenced to jail, or both.