Baptist Health College
Little Rock

2026-2027 Verification Worksheet-*Tracking Group V4*

Your 2026-2027 Free Application for Federal Student Aid (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. To verify that you provided correct information we will compare your FAFSA with the information on this worksheet and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the Financial Aid Office at Baptist Health College. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Information

Student's Last Name	First Name	M.I.	Student's ID Number
Student's Street Address (Include Apt. No)			Student's Date of Birth
City	State	Zip Code	Student's Email Address
Student's Home Phone Number (Include Area Code)			Student's Cell Phone Number

B. Student's High School Completion Status

Provide one of the following documents to indicate the student's high school completion status when the student begins college in 2026-2027

Check one of the documents you will attach to this worksheet:

_____ High School Diploma or High School Transcript including graduation date.

_____ A copy of the student's final official high school transcript that shows the date when the diploma was awarded.

_____ General Education Development (GED) Certificate, an official GED transcript that indicates the student passed the exam, or a state-authorized high school equivalent certificate.

_____ For students who completed secondary education in a foreign country, a copy of the "secondary school leaving certificate" or another similar document.

_____ Academic transcript of a successfully completed two-year program acceptable for full credit toward a bachelor's degree.

_____ If you are a homeschooled student, a transcript or equivalent, signed by parent or guardian, listing secondary school courses you have completed and documentation that you have successfully completed secondary school education.

_____ If you are a homeschooled student, a secondary school completion credential provided under State Law.

A student who is unable to obtain the documentation listed above must contact the financial aid office.

Student Name_____ Student ID Number _____

C. Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at Baptist Health College to verify his or her identity by presenting an unexpired 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 by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the intuitional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing
(Print Student's Name)

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 Health College for the 2026-2027 school year.

_____ _____ _____
(Student's Signature) (Date) (Student's ID Number)

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED,

SENTENCED TO JAIL, OR BOTH.

Certifications and Signatures

Each person signing this worksheet certifies that all of the information reported on it is complete and correct.

INDEPENDENT STUDENTS: **The student must sign and date.**

DEPENDENT STUDENTS: **The student and parent(s) must sign and date.**

_____ _____
Print Student's Name Student's ID Number

_____ _____
Student's Signature Date

_____ _____
Parent's Signature Date

Do not Mail this worksheet to the U.S Department of Education.

Submit worksheet to: Baptist Health College, Financial Aid Office, 11900 Colonel Glenn Rd. Little Rock, AR 72210 or fax to: 501-202-7875.

You can also bring Completed Forms to the Financial Aid Office at address above.