

Education for your future. Sisterhood for life.

OFFICE OF FINANCIAL AID - 900 EAST WASHINGTON St., GREENSBORO, NC 27401 - FINANCIAL\_AID.EDU - (888) 370-8678 - FAX (336) 517-2204

Office of Financial Aid 2018-2019 Dislocated Worker Verification	
Student Name <sup>.</sup>	Student ID#:
Your Free Application for Fecsays that before awarding Feprocess, Bennett College's O	deral Student Aid (FAFSA) was selected for review in a process called "Verification." The law ederal Student Aid, we may ask you to confirm the information you reported on the FAFSA. In this Office of Financial Aid Services will compare information from your FAFSA with the financial to submit. If there are differences, in most cases we will be able to send the corrections
conditions. Please check all a	<b>tion</b> – In general, a person is considered a dislocated worker if he/she meets one of the following applicable conditions AND attach the appropriate documentation. Forms submitted without e incomplete and cannot be accepted.
Name of Dislocated Worker:	
•	Student: ( ) Self ( ) Spouse ( ) Father/Stepfather ( ) Mother/Stepmother
l lost my j	job as of
	(Date)
	ment benefits due to being laid off or losing a job and am unlikely to return to a previous f your unemployment determination letter.)
☐ I have been laid off or red	ceived a lay-off notice from my job. (Attach a copy of the lay-off notice.)
☐ I was self-employed but I a	am now unemployed due to economic conditions or natural disaster.
Please explain:	
□ I answered incorrectly ar	nd none of these conditions apply to me.
	nat all the information reported on this form is accurate and complete. <b>WARNING</b> : If you ading information on this form, you may be fined, be sentenced to jail, or both.
<	X
Student Signature	Date Parent Signature Date
	Electronic signatures are not acceptable.

