BENNINGTON COLLEGE

Financial Aid Office • One College Drive • Bennington, Vermont • 05201 • 802-440-4325 • fax 802-440-4880 • finaid@bennington.edu • www.bennington.edu

2027–2028 Federal Certification of High School Completion, Identity, and Benefits (V4)

Some portion of your application was incomplete or marked for federal Verification of the following items. Please complete Parts A–C, and D or E, and the certification at the end.

A. High School Completion Status

Provide here **one** of the following documents that indicate your high school completion status when you begin college in 2027–2028:

A copy of your high school diploma.

A copy of your final official high school transcript that shows the date the diploma was awarded.

A copy of your General Educational Development (GED) certificate or GED transcript, or a state high school equivalent certificate.

An academic transcript that indicates you successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.

If your state law requires a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a copy of that credential.

If your state law does not require a homeschooled student to obtain a secondary school completion credential for homeschool (other than a high school diploma or its recognized equivalent), a transcript or the equivalent, signed by the parent or guardian, that lists the secondary school courses you completed, and documents successful completion of a secondary school education in a homeschool setting.

B. Child Support Paid—For Calendar Year 2025

(Complete this section only if you have not submitted a Verification Worksheet.) Custodial parents, if dependent student; Student, if independent:

Did you pay child support because of divorce/separation during calendar year 2025?

___No ___Yes If yes, please complete the table below:

NAME OF PERSON WHO PAID CHILD SUPPORT	NAME OF PERSON TO WHOM CHILD SUPPORT WAS PAID	NAME OF CHILD FOR WHOM SUPPORT WAS PAID	AMOUNT OF CHILD SUPPORT PAID IN 2025
TOTAL			

We may request additional documentation such as a copy of the separation agreement or divorce decree showing the amount of child support to be provided, or a statement from the individual receiving the child support certifying the amount received, or copies of child support payment checks.

C. SNAP (formerly Food Stamp) Benefits – for 2025

(Complete this section only if you have not submitted a Verification Worksheet.)

Did you or a member of your household receive SNAP benefits (food stamps) during 2025?

___No ___Yes (Documentation may be requested).

D. Federal Identity and Statement of Educational Purpose (if signed at Bennington College)

You, the student, must appear in person at Bennington College to verify your 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 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, you 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 Bennington College for 2027–2028.

STUDENT'S ID NUMBER or LAST 4 SSN_____ _____

DATE

STUDENT'S SIGNATURE_____

E. Federal Identity and Statement of Educational Purpose, to be signed with a Notary (Complete only if not signed at Bennington College)

If you the student are unable to appear in person at Bennington College to verify your identity, you must provide:

a) A copy of the valid unexpired 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.

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 Bennington College for 2027-2028.

_____
STUDENT'S ID NUMBER or LAST 4 of SSN

_____ _____
STUDENT'S SIGNATURE DATE

Notary's Certificate of Acknowledgement

State of _____

City/County of _____

On _____, before me, _____

DATE NOTARY'S NAME

personally appeared, _____and provided to me,

PRINTED NAME OF SIGNER

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

Certification: By signing this worksheet, I (we) certify all the information reported here is complete and correct.

_____ _____ _____
STUDENT SIGNATURE DATE STUDENT NAME (Please Print)

_____ _____ _____
PARENT OR SPOUSE SIGNATURE (If student is dependent/independent or married) DATE PARENT OR SPOUSE NAME (Please Print)

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STUDENT NAME (Please Print) _____ ID NUMBER _____

Verification of Untaxed or Aggregate Income (V5)

If any item does not apply, enter "N/A" for Not Applicable where a ***response*** is requested, or enter 0 in an area where an ***amount*** is requested.

- Dependent students: Answer each question below as it applies to the **student AND the student's parent(s)** whose information is on the FAFSA.
- Independent students: Answer each question below as it applies to the student (and the student's spouse, if married) whose information is on the FAFSA.

A. Payments to tax-deferred pension and retirement savings in 2025

List any payments (direct or withheld from earnings) to tax-deferred pension and retirement savings plans (e.g., 401(k) or 403(b) plans), including, but not limited to, amounts reported on W-2 forms in Boxes 12a through 12d with codes D, E, F, G, H, and S.

NAME OF PERSON WHO MADE THE PAYMENT	TOTAL AMOUNT PAID IN 2025

B. Child support received

List the actual amount of any child support received in 2025 for the children in your household.
Do not include foster care payments, adoption payments, or any amount that was court-ordered but not actually paid.

NAME ADULT WHO RECEIVED THE SUPPORT	NAME OF CHILD FOR WHOM SUPPORT WAS RECEIVED	AMOUNT OF CHILD SUPPORT RECEIVED IN 2025

C. Housing, food, and other living allowances paid to members of the military, clergy, & others in 2025

Include cash payments and/or the cash value of benefits received. **Do not include** the value of on-base military housing or the value of a basic military allowance for housing.

NAME OF RECIPIENT	TYPE OF BENEFIT RECEIVED	AMOUNT OF BENEFIT RECEIVED IN 2025

D. Veterans non-education benefits in 2025

List the total amount of veterans non-education benefits received in 2025. Include Disability, Death Pension, Dependency and Indemnity Compensation (DIC), and/or VA Educational Work-Study allowances. **Do not include** federal veterans educational benefits such as: Montgomery GI Bill, Dependents Education Assistance Program, VEAP Benefits, Post-9/11 GI Bill.

NAME OF RECIPIENT	TYPE OF VETERANS NON-EDUCATION BENEFIT	AMOUNT OF BENEFIT RECEIVED IN 2025

E. Other untaxed income in 2025 List the amount of other untaxed income not reported and not included elsewhere on this form. Include untaxed income such as workers' compensation, disability, Black Lung Benefits, untaxed portions of health savings accounts from IRS Form 1040 Line 25, Railroad Retirement Benefits, etc. **Do not include** any items reported or excluded in A – D above. In addition, do not include student aid, Earned Income Credit, Additional Child Tax Credit, Temporary Assistance to Needy Families (TANF), untaxed Social Security benefits, Supplemental Security Income (SSI), Workforce Investment Act (WIA) educational benefits, combat pay, benefits from flexible spending arrangements (e.g., cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.

NAME OF RECIPIENT	TYPE OF OTHER UNTAXED INCOME	AMOUNT OF OTHER UNTAXED INCOME RECEIVED IN 2025

F. Money received or paid on the student's behalf in 2025

List any money received or paid on the student's behalf (e.g., payment of student's bills) and not reported elsewhere on this form. Enter the total amount of cash support the student received in 2025. Include support from a parent whose information ***was not*** reported on the student's 2027-2028 FAFSA, but do not include support from a parent whose information was reported. For example, if someone is paying rent, utility bills, etc., for the student or gives cash, gift cards, etc., include the amount of that person's contributions **unless the person is the student's parent whose information is reported on the student's 2027–2028 FAFSA**. Amounts paid on the student's behalf also include any distributions to the student from a 529 plan ***owned by someone other than the student or the student's parents***, such as grand-parents, aunts, and uncles.

PURPOSE: E.G., CASH, RENT, BOOKS	AMOUNT RECEIVED IN 2024	SOURCE

Additional information:

So that we can fully understand the student's family's financial situation, please provide below information about any other resources, benefits, and other amounts received by the student and any members of the student's household. This may include items that were not required to be reported on the FAFSA or other forms submitted to the financial aid office, and include such things as federal veterans education benefits, military housing, SNAP, TANF, etc. If more space is needed, provide a separate page.

NAME OF RECIPIENT	TYPE OF FINANCIAL SUPPORT	AMOUNT OF FINANCIAL SUPPORT RECEIVED IN 2025

Comments: _____

_____

_____

Certification: By signing this worksheet, I (we) certify all the information reported here is complete and correct.

STUDENT SIGNATURE _____ DATE _____ STUDENT NAME (Please Print) _____

PARENT OR SPOUSE SIGNATURE (If student is dependent/independent or married) _____ DATE _____ PARENT OR SPOUSE NAME (Please Print) _____