SOKA UNIVERSITY

2018 - 2019
Verification of Eligible Non-Citizenship
Office of Financial Aid (CIT)

Name (Last, First): _____ SUA ID #: _____

Date: _____ Cell Phone #: _____

You must complete all application sections. Do not leave any response blank. Forms submitted with blanks will be considered incomplete and may delay receipt of financial aid.

SECTION A: Copy of Documentation

Please attach a photocopy of acceptable documentation to this form and submit it to the ***SUA Office of Financial Aid*** to verify your eligible non-citizenship status**.**

Check all that apply:

- ☐ **Permanent Resident Card** (Form I-551)
- ☐ **Resident Alien Card** (Form I-551)
- ☐ **Conditional Resident Alien Card** (Form I-551, I-94, I-94A); with documentation that is not expired
- ☐ **Alien Registration Receipt Card** (I-151)
- ☐ **Arrival Departure Record** (Form I-94); from the Department of Homeland Security, stamped as:
  - ☐ Refugee
  - ☐ Asylum Status
  - ☐ Conditional Entrant (before April 1, 1980)
  - ☐ Parolee (for at least 1 year, & status not expired)
  - ☐ Battered immigrants-qualified aliens
  - ☐ Victim of Human Trafficking
  - ☐ Cuban-Haitian Entrant

NOTE: The following documents DO NOT make a person eligible for federal student aid:

- *Employment Authorization Documents (I-688, I-688A, I-688B and I-766)*
- *Family Unity Status (I-817)*
- *Notice of Approval to Apply for Permanent Residence (I-171 or I-464)*
- *Only have Employment Authorization Card (I-688A, I-688B, or I 7-66)*
- *Persons with Nonimmigrant Visas: F-1, F-2, M-1, B-1, B-2, J-1, J-2, G, H, or L*
- *Temporary Protected Status- stamped on I-94*
- *Temporary Resident Card (I-688)*

SECTION B: Original Documentation

The Department of Education requires the student to present **original** documentation, in person, to the institution that confirms he or she is an eligible non-citizen. Although you will be awarded financial aid based upon the **copy** of your documents submitted via mail or fax, you will be required to bring the **original** document to the ***SUA Financial Aid Office*** before SUA can disburse your financial aid.

SECTION C: Signature(s)

By signing this form, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked, to provide information that will verify the accuracy of your completed form.

Student Name (print)	**Signature**	**Date**
Parent Name (print)	**Signature**	**Date**

(Please mail or deliver this form in person to the address provided below. Please write your ID# on attached or supporting documents.)