

**VERIFICATION OF HIGH SCHOOL COMPLETION**

**2025-2026**

**Student’s Name: ­­­­­­­­\_\_\_\_\_**\_\_\_\_\_\_\_**\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_­­­­­­­\_­­­­­­­­­­­­­­ USF ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Financial Aid Services has reviewed your financial aid application for the 2025-2026 academic year. To complete your application for assistance, please provide the requested information below promptly to complete the information submitted on your Free Application for Federal Student Aid (FAFSA).

On your initial FAFSA, you did not provide responses to the questions regarding high school completion status and the name and state of your high school. Please complete the questions below and return this form to Financial Aid Services. This information is required for a student to have federal awards and loan originated for the current academic year. The requested information may be e-mailed back to us at: finaid@stfrancis.eduor faxed to:

(815) 740-3822.

If you have any questions regarding this request or your application, please contact Financial Aid Services at

(815) 740-3403, toll-free at (866) 890-8331 or e-mail us at finaid@stfrancis.edu.

**Please complete the questions below or attach your high school transcript or certificate:**

When you begin college in the 2025-2026 school year, what will be your high school completion status? (*select one*)

* High School Diploma
* General Educational Development (GED) Certificate or State Certificate
* Homeschooled
* None of the above (***Please explain***):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If high school diploma is selected above, ***print*** the full name of the high school your received your diploma from.

High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_\_

**I certify that the information above is true and correct.**

**Student’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return the completed form to:**

Financial Aid Services

500 Wilcox Street Joliet, IL 60435 | finaid@stfrancis.edu

(815) 740-3403 | Toll-free: (866) 890-8331 | Fax: (815) 740-3822