

Student Instructions for Form 875: Verification of Educational Assistance Income

Form 875 provides DFCS with financial aid information for a student who is applying for public benefits (SNAP, CAPS, etc).

1. **Print form.**
2. **Add your name to “Case Name” line at top right.**
3. **Complete the ‘...release of information’ section at the bottom of page one (bottom section).**
 - a. Include your STC ID number.
4. **You can submit this form electronically or in person at any campus.**
 - a. To submit electronically: scan and submit completed form to the Office of Financial Aid through this website: <https://www.savannahtech.edu/financial-aid-questions-document-submission/>
5. **The Office of Financial Aid completes *page two* of the form and returns it to you.**
6. **Upload your completed form to the Gateway portal by checking the “Verification Checklist” option.**

Questions?

Contact Ni’Aisha Banks, 912-443-4151 or
nbanks@savannahtech.edu

**Georgia Department of Human Services
 VERIFICATION OF EDUCATIONAL ASSISTANCE INCOME**

Date: _____

Re: _____

Case Name _____

Case Number _____

TO: _____ **ATTN: Financial Aid Officer**
 NAME OF SCHOOL

The above-named individual is an applicant/recipient of public assistance. Federal regulations require verification of educational assistance income received by students. Your institution is asked to verify the source of income, amount of income and the educational expenses of the above-named student.

Thank you for your assistance and cooperation.

_____ Caseworker/ Load Number

_____ Telephone Number

.....
 I hereby authorize the release of information concerning my educational assistance income, tuition, mandatory fees, other costs assessed by the institution and student status to the _____ County Department of Family and Children Services. I understand this information is used to determine my household's or an individual household member's eligibility for food stamps and/or public assistance benefits or services.

 Student Signature and Identification Number

Student: _____ SSN: _____

**Georgia Department of Human Services
VERIFICATION OF EDUCATIONAL ASSISTANCE INCOME**

Does the school or program in which the student is enrolled require a high school diploma or equivalency certification for enrollment? Yes _____ No _____

Does the school or program in which the student is enrolled require high school diploma or equivalency certification prior to completion of the program? Yes _____ No _____

Are there standard requirements to obtain the degree or certificate? Yes _____ No _____

Is the student enrolled at least halftime? Yes _____ No _____

Is the student's Expected Family Contribution \$0? Yes _____ No _____

List the student's sources of education assistance. (Include any PELL, BEOG, SSIG, Perkins, HOPE, Grants, Scholarships, Fellowship, Internships, Work Study Programs, etc.)

SOURCE	AMOUNT	PERIOD OF TIME COVERED		List type of expense and amounts of money specifically earmarked
		FROM	TO	

INTERNSHIPS ONLY

If the student is in an internship program, does the student receive earned income/wages and educational assistance? Is the student considered to be an employee and/or a student? Please explain below.

WORK STUDY (Note: For work study programs, the student must be eligible to participate in a state or federally financed work study program during the regular school year.)

Has this student been approved for state or federally financed work study? Yes _____ No _____

School term of student work study program: _____

Work study start date: _____ End date: _____

Signature of School Official Completing This Form: _____

Title: _____

Telephone # _____

Date: _____