



Louisiana Christian University

Office of Financial Aid

1140 College Drive | LC Box 582 | Pineville, LA 71359

Phone: (318) 487-7386 | Email: financial.aid@lcuniversity.edu

2026–2027 Independent V5 Aggregate Verification Worksheet

1. Student Information

Full Name	LCU ID	Date of Birth
Phone	Email	

2. Household Information

List the people in your household, including:

- Yourself (the student)
- Your spouse (if married)
- Your children, if you provide more than half of their support
- Other people if they live with you and you provide more than half of their support

Full Name	Age	Relationship	College Attending

Number in College: _____

3. Income Information

Student (and Spouse, if applicable): FA-DDX (Direct Data Exchange) IRS Tax Return Transcript Non-Filer

If 'Non-Filer', list income earned from work below:

Name of Earner	Source of Income	Amount

4. High School Completion Status

Diploma Transcript GED Homeschool Equivalent documentation (attach one)

5. Identity and Statement of Educational Purpose

Option 1 – In-Person Verification: Student presents photo ID and signs below in the presence of a Financial Aid Officer.

Option 2 – Virtual / Notary Verification: Student verifies via video conference or notary public.

Statement of Educational Purpose:

I certify that I, _____, 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 Louisiana Christian University for the 2026–2027 academic year.

Student Signature: _____ Date: _____

FA Officer Signature (if in-person or virtual): _____ Date: _____

Notary Section (if applicable): State: _____ County: _____ Notary: _____

6. Certification and Signatures

Each person signing below certifies that all information reported is complete and correct.

Student Signature: _____ Date: _____

Spouse Signature (if applicable): _____ Date: _____

7. For Office Use Only

Income Verified Identity Verified HS Completion Verified Conflicts Resolved
Verified by: _____ Date: _____

Return completed form to the Louisiana Christian University Financial Aid Office.