

## Citizenship Verification Form

I certify that I (student's name) \_\_\_\_\_ am the individual signing this statement and I am providing original documents for the Office of Financial Aid to make a copy for my financial aid file.

Indicate the institution you attend:

Bon Secours Memorial College of Nursing (BSMCON)

Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI)

Southside College of Health Sciences (SCHS)

I certify that the original documents are the true, exact, and complete originals issued to me. The copied originals will be attached to this form and signed by the Financial Aid Staff of their creation of the copy from the original documentation I provided.

I understand that providing false or misleading information or documents is punishable by fine or imprisonment and may make me liable for repayment of any funds received on the basis of the information and documents I have provided.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's SSN

### Select One:

Passport

Certificate of Naturalization/ Certificate of Citizenship

Birth Certificate

Other:

**Verification by Bon Secours College Financial Aid Staff:**

\_\_\_\_\_  
Bon Secours College Financial Aid Staff Name

\_\_\_\_\_  
Staff's Title

I verify that the above listed student has appeared before me in person and has presented an original of the above documentation of their eligibility for Title IV aid, as discussed in the Federal Student Aid Handbook, Volume 1, Chapter 2.

Attached is a copy of the original document detailing the date then copy was produced, my name, title, and signature.

\_\_\_\_\_  
Bon Secours College Financial Aid Staff Signature

\_\_\_\_\_  
Date

**This page only needs to be completed if a student cannot appear in person at the college Bon Secours College Financial Aid Office.**

**This section must be completed and verified by a Notary Public:**

**Notary's Certificate of Acknowledgement**

*(Notary's certification may vary by State)*

State of \_\_\_\_\_

City/County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,  
*(Date)* *(Notary's name)*

personally appeared, \_\_\_\_\_, and proved to me on basis of  
*(Printed name of signer)*

satisfactory evidence of identification to be the above-named person who signed the foregoing instrument.



Richmond Higher Education Institutions  
Financial Aid Office  
E-mail: [bsr-confinancial@bshsi.org](mailto:bsr-confinancial@bshsi.org)

\_\_\_\_\_  
*(Type of government-issued photo ID provided)*

**WITNESS my hand and official seal**  
(seal)

\_\_\_\_\_  
*(Notary signature)*

My commission expires on \_\_\_\_\_  
*(Date)*