



444 Western Boulevard
Jacksonville, North Carolina 28546-6816
Phone (910) 455-1221

Student Name: _____ SS#: _____

Read, Sign and Date

If you are the student, by signing this application, you certify that you:

1. will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education,
2. are not in default on a federal student loan or have made satisfactory arrangements to repay it,
3. do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
4. will notify your school if you default on a federal student loan and
5. will not receive a Federal Pell Grant for more than one school for the same period of time.

If you are the parent or the student, by signing this application, you certify that all of the information you provided is true and complete to the best of your knowledge and you agree, if asked:

1. to provide information that will verify the accuracy of your completed form
2. to provide U.S. or state income tax forms that you filed or are required to file.

You also certify that you understand that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.

If you sign this application or any document related to the federal student aid programs electronically using a PIN, username and password, and/or any other credential, you certify that you are the person identified by the PIN, username and password, and/or any other credential and have not disclosed that PIN, username and password, and/or any other credential to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Student's Signature

Date

Parent Signature (*Dependent students only*)

Date