2014 – 2015
Signature Record

Student Name ___________________________ ID ___________________________

Please READ, SIGN & 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 learning
2. Are not in default on a federal student loan or have made satisfactory arrangements to repay it.
3. Do not owe money 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
5. Will not receive a Federal Pell Grant or state grants from more than one school for the same period of time.

If you are the parent of the student, by signing this application you agree, if asked, to provide information that will verify the accuracy of the completed form. This information may include U.S. or state income tax forms that you filed or are required to file. Also, you 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 any document related to the federal student aid programs electronically using a Personal Identification Number (PIN), you certify that you are the person identified by the PIN and have not disclosed that PIN to anyone else.

If you purposely give false or misleading information, you may be fined $20,000, sent to prison, or both.

Everyone whose information is given on the FAFSA should sign below. The student and at least one parent, if parent information is given on FAFSA, MUST sign below.

Parent information is needed for dependent students for Federal Financial Aid reasons until the age of 24, unless the student is married or has a child.

************** You must sign this form in the presence of a notary. **************

_____________________________                             __________________
Student’s Signature                                                                                     Date

_____________________________                             __________________
Parent’s Signature                                                                                      Date

County: _________________________                                      NOTARY SEAL

State: ___________________________________________________________________

My commission expires: ______________________

Sworn to and subscribed before me this, the __________ day of __________________, 20______.

Notary’s Signature: ___________________________________________________________________

Please Print Notary Name: ___________________________________________________________________

MAIL OR RETURN TO:
James Sprunt Community College, Attn: Financial Aid Office, PO Box 398, Kenansville, NC 28349