

Financial Aid Office
UACCM
1537 University Blvd.
Morrliton, AR 72110
(501)977-2055
(501)977-2123 (Fax)



Signature Page

Name _____ Date _____

READ, SIGN, and DATE

If you are the student, by signing this form you certify that you (1) will use federal and/or state student financial aid funds 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 from more than one school for the same period of time.

If you are the parent or the student, by signing this application you (1) certify that all of the information you provided on the FAFSA and this form is true and completed to the best of your knowledge, and (2) you agree, if asked, to provide information that will verify the accuracy of your completed form, and/or to provide 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 purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Everyone whose information is given on this form should sign below. The student (and at least one parent, if parent information is given) MUST sign below.

Student Signature _____ Date _____

Student SS# _____ Date of Birth _____

Father/Stepfather Information

SS# _____ Birth Date _____

Last Name _____ First Initial _____

Mother/Stepmother Information

SS# _____ Birth Date _____

Last Name _____ First Initial _____

Parent Signature _____ Date _____

If parental information is provided on the FAFSA, at least ONE parent whose information is provided must sign above.