Northland Pioneer College
FINANCIAL AID OFFICE

2018-2019 FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA) SIGNATURE PAGE

This form must be **returned by mail** to the NPC Financial Aid Office.

Faxed or emailed copy of this form will **not be accepted**.

Student Information: Please print the information you are providing.

Student's Name (Last): _____ (First): _____

Social Security Number: _____ -_____-_____
Social Security Number is required for financial aid purposes.

You and/or parent (if student is Dependent) are required to sign your FAFSA application.

Read, sign and date this signature page **or log on at www.fafsa.ed.gov and select request a Federal Student Aid Number (FSA ID**) (for student and/or parent) to electronically sign your application.

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 college if you default on a federal student loan and
(5) will not receive a Federal Pell Grant from more than one college 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, to provide information that will verify the accuracy of your 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 FSA ID, username and password, and/or any other credential, you certify that you are the person identified by that FSA ID, username and password, and/or other credential, and have not disclosed that FSA ID, username and password, and/or 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: _____   Date: _____
(Parent, who is providing their financial information.)

Return form to: NPC Financial Aid Office, PO Box 610, Holbrook, Arizona 86025