Signature Page

Instructions: Please sign this certification because you or a parent did not sign the Free Application for Federal Student Aid (FAFSA). If you were required to provide your parents' financial information, at least one parent MUST sign this form. You must complete and return this form or you will not be considered for federal financial aid. This form cannot be faxed. Please return this completed form to:

John Wood Community College
Financial Aid Office
1301 South 48th Street
Quincy, IL 62305

STUDENT INFORMATION: **AID YEAR: _____ (i.e. 2016-17 or 2017-18)**

Name: _____
LAST **FIRST** **MI**

Social Security Number: _____ **Date of Birth: _____**
(mm/dd/yyyy)

PLEASE READ AND SIGN

Certification:

If you are the student, by signing this form, 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) will notify your school if you default on a federal student loan, and (4) will not receive a 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 agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include your U.S. or state income tax forms. Also, you certify that you understand that **the Secretary of Education has the authority to verify information reported on the 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.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Must be signed by parent whose information is provided on the FAFSA)