



**CRAVEN COMMUNITY COLLEGE
SIGNATURE REQUIREMENTS FOR FINANCIAL AID
APPLICATION AND/OR CORRECTIONS**

Student SSN _____

Name _____

Academic Year _____

READ, SIGN, AND DATE

By signing below, you certify that all the information on this form is true and complete to the best of your knowledge. If asked, you agree to give proof of the information, which may include a copy of your U. S. or state income tax form. If you purposely give false or misleading information, you may be fined \$10,000, sent to prison, or both. You also certify that:

- You will use any federal student financial aid funds received during the award year covered by this application solely for educational expenses related to attendance during that year at the institution of higher education that determined eligibility for those funds;
- You are not in default on a Title IV educational loan, or you have paid or made satisfactory arrangements to repay your loan if you are in default;
- You do not owe an overpayment of a Title IV educational grant, or you have made satisfactory arrangement to repay that overpayment; and
- You will notify your school if you do owe an overpayment or are in default.

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 _____ **Date** _____

Parent _____ **Date** _____