



Beaufort County Community College

5337 US Hwy 264 East, Washington, NC 27889

FORM 8

2018 – 2019 FAFSA SIGNATURE PAGE

Student Name: _____

Student 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 FSA ID, you certify that you are the person identified by the ID and have not disclosed that ID to anyone else.

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

Student Signature

Date

Parent Signature (if dependent)

Date