



Beaufort County Community College

Office of Financial Aid

5337 Highway 264 East Washington, NC 27889

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2019-2020

FAFSA Signature Page

Student Name: _____ Student ID: _____

Please read carefully, sign and return this form to the Financial Aid Office.

The federal processor has notified the Financial Aid Office that required signatures were missing from your Free Application for Federal Student Aid (FAFSA). All information will be reviewed for accuracy, and conflicting information and/or inconsistent information will be corrected. By signing this form the Financial Aid office will report that the required signatures have been provided and you agree to have all of your corrections sent electronically by Beaufort County Community College (BCCC) Financial Aid Office.

READ, SIGN, AND DATE

If you are a student, by signing this form (FAFSA) you certify that you:

1. Will use federal and/or state 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;
3. Do not owe money back on a federal student grant or have made satisfactory arrangements to repay;
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 or during the same period of time.

Your signature on this form is your confirmation that all information reported on the FAFSA is true and accurate. You also agree, if asked, to provide information that will allow the Financial Aid Office to verify the accuracy of information submitted on the FAFSA. This information may include your federal or state income tax return transcripts. Also, you certify that you understand the Secretary of Education has the authority to verify information reported on this application (FAFSA) 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.

By signing below you are authorizing Beaufort County Community College to make corrections to your original and/or subsequent applications based on the documents you are submitting. The student (and at least one parent, if parent information is given) is required to sign below.

Certifications and Signatures

Each person signing below, certifies that all of the information reported on this form and any documentation provided is complete and correct. Signature from both the student and parent(s) are required below.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature

Date

Parent Signature (If Dependent Student)

Date