

Financial Aid Office
Southern Arkansas University Tech
PO Box 3499
Camden, AR 71711-1599
(870) 574-4511
(870) 574-4422 (Fax)



Signature Page

Name _____ Date _____

READ, SIGN, and DATE

If you are the student, by signing this form you certify that you (1) will use federal and/or state student financial aid funds 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, and (4) will notify your school if you default on a federal student loan.

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 US or state income tax forms. 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 purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

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 Signature _____ Date _____

Student SS# _____ Date of Birth _____

Father/Stepfather Information

SS# _____ Birth Date _____

Last Name _____ First Initial _____

Mother/Stepmother Information

SS# _____ Birth Date _____

Last Name _____ First Initial _____

Parent Signature _____ Date _____