



ID#

## 2017-2018 Information Sheet

### Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Marital Status: ☐ Single  
(Check one) ☐ Married/Remarried Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Separated Date of Separation \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Divorced/Widowed Date of Divorce/Widowed \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parental Information (FOR DEPENDENT STUDENT ONLY):

#### Parent's Marital Status:

Marital Status: ☐ Never Married  
(Check one) ☐ Unmarried and living together  
☐ Married/Remarried Date of Marriage \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Divorced/Separated Date of Divorce/Separation \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Widowed Date Widowed \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Mother/Stepmother:

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_  
SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
State of Residency: \_\_\_\_\_ Date of Residency: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Father/Stepfather:

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_  
SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
State of Residency: \_\_\_\_\_ Date of Residency: \_\_\_\_/\_\_\_\_/\_\_\_\_

### **READ, SIGN, and DATE**

This signature page will be attached to your Student Aid Report and authorizes the Financial Aid Office to process and/or correct any incorrect information (as per documentation submitted / verified by undersigned). By signing this signature page you agree, if asked, to provide information that will verify the accuracy of your completed FAFSA. This information may include copies of 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 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.

**If you are the student**, by signing this signature page you will 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. do not owe any money back on a federal student grant or have made satisfactory arrangements to repay it
4. will notify your school if you default on a student loan.

Everyone whose information is given on the FAFSA **MUST** sign below (the student and at least one parent, if parent information is given).

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Mother Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

