



THE FRANCISCAN UNIVERSITY OF NEW JERSEY

2018-2019 FAFSA Signature Page

Section 1 – Student Information

Last Name: _____ First Name: _____ Student ID Number _____

Permanent Address:

Street & Number: _____ City/State/Zip: _____

Local Phone Number (Include Area Code): _____

Permanent Phone Number (Include Area Code): _____

Email Address: _____

Section 2 – Signature Page

Institutional Student Information Record

READ, SIGN, AND 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 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 college if you default on a federal student loan and (5) will not receive a Federal Pell Grant from more than one college for the same period of time.

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 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 FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Section 3 – Certification

By signing this worksheet, I/We (student/parent providing information on the 2018-2019 Free Application for Federal Student Aid) certify all the information reported is complete and correct to the best of my/our knowledge. I/We understand that if I/we purposely provide false or misleading information on this document, I am/we are liable for the cancellation or repayment of all or part of my financial aid. This form requires at least one parent signature, if the parents' information was given to complete the FAFSA form.

Student Signature: _____ Date: _____

Student Name (Please Print): _____

Parent Signature (IF student is dependent): _____ Date: _____

Parent Name (Please Print): _____

Return completed form and any other pertinent documents to:

Felician University

Student Financial Services Office

262 South Main Street

Lodi, NJ 07644

Phone: 201-559-6010

Fax: 201-559-6025