

Student name _____

SSN _____

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, (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 of 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 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 Personal Identification Number (PIN), you certify that you are the person identified by the PIN and have not disclosed that PIN 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 _____

Date _____

Return this form to the Financial Aid Office at Concordia College.

This form cannot be faxed.

Concordia College
Financial Aid Office
901 8th St S, Moorhead MN 56562
218-299-3010 or 800-699-9897
finaid@cord.edu