



OFFICE OF STUDENT FINANCIAL AID

ROBESON COMMUNITY COLLEGE

Student Center Building 13

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Lumberton, NC 28359

T 910.272.3352

Email: finaid@robeson.edu

F 910.272.3314

Website: <https://www.robeson.edu/fa/>

2020-2021 FAFSA Signature Page

Student's Name: _____ Student ID: _____

Address: _____ City/State/Zip _____

Phone #: _____ Email: _____

Read, sign and date.

Student: 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.

Parent: If you are the parent or the student, by signing this application you certify that all of the information you provided is true and complete to the best of your knowledge and 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 electronically sign any document related to the federal student aid programs using an FSA ID (username and password) and/or any other credential, you certify that you are the person identified by that username and password and/or other credential, and have not disclosed that username and password and/or other credential to anyone else.

If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

Certification:

I certify that the information is true and correct to the best of my knowledge and belief. I understand that RCC has the right to require additional proof of the information provided on this form. I agree to submitting further documentation if requested.

Student Signature

Date

Parent Signature (if dependent student)

Date

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