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2024-2025 FAFSA Signature Page

Student Name:		Student ID:
You (the student) and/or a parent (if dependent) have failed to Please sign and submit this form back to Beaufort County Comm		
READ, SIGN, AND DATE If you are a student, by signing this form (FAFSA) you certify that 1. Will use federal and/or state financial aid only to pay the 2. Are not in default on a federal student loan or have made. 3. Do not owe money back on a federal student grant or he 4. Will notify your school if you default on a federal student. 5. Will not receive a Federal Pell Grant from more than one	e cost de sati ave ma nt loan	sfactory arrangements to repay it; ade satisfactory arrangements to repay it; , and
If you are the parent of the student, by signing this application of the accuracy of the completed form. This information may included required to file. Also, you certify that you understand that the Stanformation reported on this application with the Internal Reversida document related to the federal student aid programs electron identified by the ID and have not disclosed that ID to anyone else you may be fined \$20,000, sent to prison, or both.	ide U.S ecreta nue Se ically u	or state income tax forms that you filed or are ry of Education has the authority to verify rvice and other federal agencies. If you sign any sing an FSA ID, you certify that you are the person
Certifications and Signatures		
Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and details and the student are sign and details.	ate.	WARNING : If you purposely give false or misleading information, you may be fined, sent to prison, or both.
Print Student's Name	Stude	ent ID
Student's Signature	 Date	

Parent's Signature (if Dependent Student)

Date