

# 2022-23 Institutional Student Information Record



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 school 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 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 electronically using an FSA ID (username and password) and/or other 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 \$20,000, sent to prison, or both.

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

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

**Print Student Name** \_\_\_\_\_

**Student Social Security Number** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Parent Name** \_\_\_\_\_

**Parent Social Security Number** \_\_\_\_\_

**Please return this original form to the Financial Aid Office at the location you plan to attend.  
This form cannot be faxed or emailed.**

Central Community College – Columbus

PO Box 1027

Columbus, NE 68602-1027

Central Community College – Grand Island

PO Box 4903

Grand Island, NE 68802-4903

Central Community College – Hastings

PO Box 1024

Hastings NE 68902-1024

Central Community College – Kearney

PO Box 310

Kearney, NE 68848-0310