



Central Community College maximizes student and community success

2023-24 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 _____

CCC Student ID _____

Parent Signature _____ **Date** _____

Print Parent Name _____

Please return this form to any CCC Financial Aid Office or mail original to:
Central Community College Financial Aid; PO Box 4903; Grand Island, NE
68802-4903 *Please call 308-398-7555 if you have questions.*