ENROLLMENT SERVICES, OFFICE OF FINANCIAL AID

Blue Bell Campus College Hall, 340 DeKalb Pike, Blue Bell, PA 19422

Pottstown Campus South Hall, 101 College Drive, Pottstown, PA 19464

E FinancialAid@mc3.edu | P 215.641.6566

Student Name



Student ID _____

2021-22 INSTITUTIONAL STUDENT INFORMATION RECORD PAGE REQUIRED SIGNATURE(S) FOR THE FAFSA APPLICATION

| Instructions: READ, SIGN, AND DATE | |
|---|---|
| READ, SIGIN, AND DATE | |
| 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 co (2) are not in default on a federal student loan or have made satisfacto (3) do not owe money back on a federal student grant or have made sa (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 | ory arrangements to repay it, atisfactory arrangements to repay it, |
| If you are the parent or the student, by signing this application you ce true and complete to the best of your knowledge and you agree, if ask accuracy of your completed form. This information may include U.S. or required to file. Also, you certify that you understand that the Secretar information reported on this application with the Internal Revenue Sel document related to the federal student aid programs electronically us that you are the person identified by the FSA ID and have not disclosed false or misleading information, you may be fined \$20,000, sent to prison | ted, to provide information that will verify the r 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 a Federal Student Aid ID (FSA ID), you certify d that FSA ID to anyone else. If you purposely give |
| Everyone whose information is given on the FAFSA form should sign parent information is given) MUST sign below. | below. The student (and at least one parent, if |
| Student Signature | Date: |
| Print Student Name | |
| Parent Signature | Date: |
| Print Parent Name | |
| 3. Return this form in person or by mail ONLY to Enrollment Services, Office of Financial Aid. | |

OFFICE USE: Doc code – FA21CPSF (dependent) or FA21CSOF (independent) | CRI - mark **RCVD in Review** | Image as: Student Signature Page (dependent) or Parent Signature Page (independent)