



Financial Aid Office

2022-23 FAFSA Signature(s)

Complete this form, sign, date and drop off at Financial Aid office, SSC L177; mail to Manchester Community College, Financial Aid Office, Great Path, MS #11, P.O. Box 1046, Manchester, CT 06045-1046; fax to 860-512-3381; or upload through the portal at <https://cscu.easy-forward.com>. For more information, contact the Financial Aid office at 860-512-3380. Electronic signatures and pictures (.jpg) of documents are not accepted.

STUDENT INFORMATION

| | | | | |
|------------|----|-----------|------------------|-----|
| First Name | MI | Last Name | Banner ID Number | |
| Address | | | | |
| City | | | State | Zip |

STUDENT:

By signing this form and submitting it to the financial aid office, you certify that you:

- will use federal and/or state student financial aid to only pay the cost of attending an institution of higher education,
- are not in default on a federal student loan or have made satisfactory arrangements to repay it,
- do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
- will notify your school if you default on a federal student loan, and
- will not receive a Federal Pell Grant from more than one school for the same period of time.

PARENT:

By signing a signature page and submitting it to our office, you agree to provide, if asked:

- information that will verify the accuracy of your completed form, and
- federal tax transcripts, if you filed or are required to file.

You also certify that you understand that the Secretary of Education has the authority to verify information reported on your application with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison or both.

If parental information is provided on the FAFSA, at least one parent must sign.

| | |
|-------------------|------|
| Student Signature | Date |
| Parent Signature | Date |

If you or your family paid a fee for someone to fill out this form or to advise you on how to fill it out, that person must sign.

Preparer's Certification: All of the information on this form is true and complete to the best of my knowledge.

| | |
|----------------------|------|
| Preparer's Signature | Date |
|----------------------|------|

FOR OFFICE USE ONLY

Date Received _____/_____/_____

Reviewed By _____

March 2022/JM