

# HERE'S THE MONEY

Program name: \_\_\_\_\_

Program description:	
What you must be to be eligible:	
What you must do while in school:	
Loan or grant amount or limit:	
Repayment begins as follows:	
How to apply:	
When to apply:	
Notes:	

# STATEMENT OF EDUCATIONAL PURPOSE/REGISTRATION COMPLIANCE

I hereby affirm that any funds received under the Pell Grant, the Supplemental Educational Opportunity Grant, the College Work-Study, the Perkins/Stafford Loan, the Supplemental Loans for Students, or the Parent Loans for Undergraduate Students will be used solely for expenses related to attendance or continued attendance at the institution below. I further understand that I am responsible for repayment of a prorated amount of any portion of payments made which cannot reasonably be attributed to meeting educational expenses related to attendance at the institution. The amount of such repayment is to be determined on the basis of criteria set forth by the U.S. Secretary of Education.

I affirm that to the best of my knowledge, I do not owe a repayment on a Pell Grant, a Supplemental Educational Opportunity Grant, or a State Student Incentive Grant previously received for study at any institution. To the best of my knowledge, I am not in default on a Perkins/Stafford Student Loan or a Parent Loan for Undergraduate Students.

☐ I certify that I am registered with the Selective Service.

or

☐ I certify that I am NOT required to be registered with the Selective Service because

☐ I have not reached my eighteenth birthday.

☐ I am a female.

☐ I am in the Armed Services on active duty. (Members of the National Guard and the Reserves are not considered on active duty.)

☐ I am a permanent member of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.

Notice: You will not receive Title IV financial aid unless you complete the statement and, if required, provide proof that you are registered with Selective Service. If you state falsely that you are registered or that you are not required to register, you may be subject to fine, imprisonment, or both.

I certify that the information contained in this application is true and complete. I will notify the Director of Financial Aid of any change in my family's financial status in writing.

WARNING: If you purposely give false or misleading information on this form, you may get a fine, a prison sentence, or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature(s)

\_\_\_\_\_  
Date