



A MEMBER OF THE MINNESOTA STATE COLLEGES & UNIVERSITY SYSTEM
AN AFFIRMATIVE ACTION EQUAL OPPORTUNITY EMPLOYER & EDUCATOR

Office of FinancialAid and Scholarships

3300 Century Avenue North

White Bear Lake, MN 55110

Phone: 651-779-3305

Student Name: _____

Student ID or Star ID: _____

Address: _____

City

State

Zip Code

2023 – 2024 FAFSA Signature Page

-This form must be dropped off or mailed in.

We cannot accept photocopies or scanned copies-

Step Seven (Student and Parent): Read, sign 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 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 college 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 sign any document related to the federal student aid programs electronically using a personal identification number (PIN), username and password, and/or any other credential, you certify that you are the person identified by that PIN, username and password, and/or other credential, and have not disclosed that PIN, username and password, and/or other credential to anyone else. If you purposely give false or misleading information, you may be fined up to \$20,000, sent to prison, or both.

104. Date this form was completed

MONTH		DAY	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2023
2024

105. Student (Sign below)

1

Parent (A parent from Step Four sign below.)

2

If a fee was paid to someone for advice or for completing this form, that person must complete this section.

Preparer's name, firm and address

106. Preparer's Social Security number (or 107)

- -

107. Employer ID number (or 106)

-

108. Preparer's signature and date

1

COLLEGE USE ONLY

D/O 1

Homeless

Youth

Determination

Federal School Code

4

FAA Signature

1

DATA ENTRY USE ONLY:

P

*

L

E