Rowan College SOUTH JERSEY

**2021-2022 Academic Year**
**FAFSA Signature Certification**

Student's Name: _____ Student ID#:_____

If you are the student, by signing this form 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 on a federal student grant repayment or have made satisfactory arrangements to repay it, (**4**) will notify the 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 agree, if asked, to provide information that will verify the accuracy of your completed form. This information may include U.S. or state income taxes 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 Federal Student Aid Identification (FSA ID), you certify that you are the person identified by the FSA ID and have not disclosed that FSA ID to anyone else. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Everyone whose information is given on this form should sign below. The student (and at least one parent, if parent information is given) MUST sign below.

_____ _____
Student Date: Parent Date:



RCSJCCCM1219