ARKANSAS NORTHEASTERN COLLEGE 2024-2025 Dependent Student's Parent Information

Dependent **DP**

1.	Student Name:				3. SS# or ANC Student ID:		
		Last	First	M.I.	4. Date of Birth:		
2.	Mailing Address:						
		Address			City	State	Zip

Incomplete or Inaccurate information will delay processing and could result in the loss of aid.

5. Parent Information: What are the Names, Dates of Birth, and Social Security Numbers of your parents reporting information on your FAFSA? If your parent does not have a Social Security Number, you must enter 000-00-0000. Do not enter a Taxpayer Identification Number.

Parent 1.	1 1	
Parent 2.		

6. As of today, what is the Marital Status of your parents?:

- ____Never married
- _____Unmarried and both legal parents living together
- ____Married or remarried
- ____Divorced or Separated
- ____Widowed

7. Month and year they were married, remarried, separated, divorced or widowed:

Month

Year

8. Signatures:

Your signature certifies that all the information reported is complete and accurate. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sentenced to prison, or both.

Student Signature

Date

Parent (step) Signature

Date

Submit to the ANC Financial Aid Office in Blytheville.