# 2012-2013 Institutional Aid Application

Student Financial Aid  
PO Box 1109  
Blytheville, Arkansas 72316-1109

Phone: 870-762-1020, extension 1160  
WEB: www.anc.edu  
ANC School Code: 012860

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1. Name: ________________________________
2. Mailing Address: ________________________________
3. City, State, Zip: ________________________________
4. May we contact you by your ANC Email Address?:
   - [ ] YES
   - [ ] NO
   *(This may be rescinded by written request submitted to the Financial Aid Office)*

5. SS# or ANC Student ID: ____________________________
6. Date of Birth: ________________________________
7. Contact Phone Number: (______) ____________________

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8. Planned Enrollment status:
   - [ ] Full-time (12 + hours)
   - [ ] Three Quarter Time (9-11 hours)
   - [ ] Halftime (6-8 hours)
   - [ ] Less than halftime (1-5 hours)

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9. Will you be enrolled in another college at the SAME TIME you are attending ANC for the 2012-2013 year?
   - [ ] YES
   - [ ] NO

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<th># of hrs</th>
<th>Name of Institution</th>
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*(NOTE: You may not receive most types of financial aid at two different schools for the same enrollment period.)*

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10. Have you attended any college, university, or trade school beyond the high school level?
    - [ ] YES
    - [ ] NO

If yes, provide the following information:

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11. While attending ANC for the 2012-2013 academic year, your housing plans will be:
    - [ ] Living with parents(s) or stepparents
    - [ ] Living in my own residence/other

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12. High School/GED/Home school Verification:

I certify that I will complete/have completed high school or its equivalent before the 2012-13 academic year.

*Please indicate by checking the appropriate box.*

- [ ] Public High School Diploma

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<thead>
<tr>
<th>Date Completed</th>
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<tbody>
<tr>
<td>Name of High School</td>
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- General Educational Development (GED)
  *(State authorized exam)*

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<td>Place and Date Completed</td>
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- Home School (approved by state law)

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<th>Date Completed</th>
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<tr>
<td>Name of Curriculum</td>
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1. Statement of Selective Services Status

I understand that to be eligible for Federal Student Aid (FSA) at a public institution of higher learning in the State of Arkansas, if I am male, I must register, or be exempt from registration, with the Selective Service System.

(In accordance with the Military Selective Service Act, 50 U.S.C. Appx 451 et seq., as specified in Act 228 of the 197 Acts of the Arkansas General Assembly.)

2. Anti-Drug Abuse Act Certification

I certify that, as a condition of my financial aid, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance on college premises or while attending college functions during the period covered by financial aid.

3. Statement of Educational Purpose and Certification Statements

I certify that I:

✓ do not owe money back on a federal student grant or have made satisfactory arrangements to repay it,
✓ am not in default on a federal student loan or have made satisfactory arrangements to repay it,
✓ will notify ANC if I default on a student loan,
✓ will use federal and/or state student financial aid only to pay the cost of attending an institution of higher education,
✓ will not receive a Federal Pell Grant from more than one college for the same period of time,
✓ understand that I must maintain a cumulative course completion rate of 75% to remain eligible to receive FSA funds and that an official (W) or unofficial (F) withdrawal (stop attending class) may affect my eligibility.
✓ understand that there is a limited number of hours/semesters that I may receive federal financial aid based upon my chosen degree.

4. Payment Deferment Authorization

☐ Yes ☐ No  A. I authorize Arkansas Northeastern College to credit all federal aid, state aid, scholarships, waivers, and/or third party payments to my ANC student account to pay all institutional and/or non-institutional charges including tuition, books, fees, supplies, and/or applicable tax on these items during the 2012-2013 award year and prior year charges that do not exceed $200 that will not prevent me from paying current educational expenses.

☐ Yes ☐ No  B. I authorize ANC to provide the ANC Follett Bookstore the amount of my financial aid available for textbooks each semester.

I understand that this authorization may be rescinded at my request for any term and for either items A or B above and that a written statement must be provided and received by the Financial Aid Office in Blytheville, Arkansas. I also understand that if I rescind this authorization it is effective on date of receipt (not retroactive), and I must make immediate payment arrangements with the ANC Business Office for these charges and any remaining outstanding debt.

If you are the parent or the student, by signing this form you agree, if asked, to provide information that will verify the accuracy of your completed FAFSA. The 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 your FAFSA 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), you certify that you are the person identified by the PIN and have not disclosed that PIN to anyone else. If you purposely give false or misleading information, you may be fined $20,000, sent to prison, or both.

Everyone whose information is given on the FAFSA application should sign below. The student (and at least one Parent, if parent information is given on the FAFSA) MUST sign below.

Your signature certifies that you have read and understand the above statements and that all the information reported is complete and accurate.

__________________________                __________________________
Student Signature                                      Date

__________________________                __________________________
Parent Signature (Dependent Students Only)                             Date

5/2012