

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

Phone: 870-762-3103  
 WEB: www.anc.edu  
 ANC School Code: 012860

**Student Name :** \_\_\_\_\_ **SS# or ANC Student ID:** \_\_\_\_\_

**Read, date and sign:**

**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.)

**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.

**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 67% and meet GPA requirements as stated in the ANC Catalog 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.

**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 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 \$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*

**THIS FORM MUST BE SUBMITTED WITH ORIGINAL SIGNATURE(S) TO THE FINANCIAL AID OFFICE.  
 CANNOT BE FAXED OR EMAILED**