



## FINANCIAL AID STUDENT DATA FORM 2025-2026

### CAMPUS ATTENDING

YOUR EMAIL: \_\_\_\_\_

\_\_\_\_ Helena \_\_\_\_ Dewitt \_\_\_\_ Stuttgart

### STUDENT INFORMATION

Student's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Social Security No. \_\_\_\_\_ County of Residence \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State of Issue \_\_\_\_\_ Date of Birth \_\_\_\_\_

### COLLEGES PREVIOUSLY ATTENDED AND/OR CURRENTLY ATTENDING:

<u>College</u>	<u>City &amp; State</u>	<u>Attended</u>	<u>Financial Aid Received</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAME and YEAR of High School Graduated From or Receipt of GED and YEAR received:

\_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

CLASSIFICATION: \_\_ Beginning Freshman \_\_ Transfer Student \_\_ Returning Student \_\_ Continuing Student

COLLEGE MAJOR: \_\_\_\_\_ Are you pursuing a degree? \_\_\_\_\_

Are you pursuing a certificate? \_\_\_\_\_ Expected Degree or Certificate: \_\_\_\_\_

Are you currently employed? \_\_\_\_ YES \_\_\_\_ NO If yes, Where? \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

### AUTHORIZATION

I certify that to the best of my knowledge, the information provided on this form is correct. We agree that the college, school, or agency indicated has our permission to verify the above information. We also agree to release copies of our Federal and State Income Tax Returns or IRS Tax Letters upon request to the college to which this form was sent. The applicant will notify the financial aid office of any changes to his/her household, income, or marital status. I understand that my failure to provide complete and accurate information will delay the processing of my financial aid application, and could result in the termination of financial aid benefits.

### SIGNATURES

Student \_\_\_\_\_ DATE \_\_\_\_\_

Parent \_\_\_\_\_ DATE \_\_\_\_\_

(OVER)

**STATEMENT OF EDUCATIONAL PURPOSE/CERTIFICATION STATEMENT  
OF REFUNDS AND DEFAULT**

I certify that I am the individual signing this statement of Educational Purpose and that the federal student financial assistance I receive will only be used for educational purposes and to pay the cost of attending Phillips Community College of the University of Arkansas for 2025-2026.

I certify that I do not owe an overpayment on any grant or loan or has made satisfactory arrangements to repay it; and that I am not in default on any loans, and have not borrowed in excess of the loan limits, under the Title IV programs at any institution. I will also not receive a Federal Pell Grant from more than one college for the same enrollment period. In addition, the student and parent certifies and understands that the Secretary of Education has the authority to verify information reported on this application with the Internal Revenue Service and other federal agencies.

**WARNING:** TO RECEIVE ANY TITLE IV FINANCIAL AID, YOU MUST COMPLETE THE STATEMENT OF EDUCATIONAL PURPOSE/CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT, AND YOU MUST BE REGISTERED WITH SELECTIVE SERVICE, IF YOU ARE REQUIRED TO BE REGISTERED. IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU MAY BE SUBJECT TO A FINE OF UP TO \$20,000, SENT TO PRISON, OR BOTH.

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(Student Signature)

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(Date)

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(Student ID Number)

**ANTI-DRUG ABUSE ACT CERTIFICATION  
(TITLE IV FUNDS)**

I certify that, as a condition of my Title IV Funds, I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period of my receiving Title IV funds. If I am convicted of a drug-related offense committed during that period, within ten days after my conviction, I will report it in writing together with my full name and social security number to: Director, Grants and Contract Service, U.S. Department of Education, Washington, D.C., 20202-4571

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Signature

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Date