

## 2023-2024 FAFSA Signature

**THIS ORIGINAL FORM MUST BE TURNED IN. YOU CANNOT EMAIL OR FAX THIS FORM.**

### A. Student Information

|   |      |           |                                   |
|---|------|-----------|-----------------------------------|
| First Name                                | M.I. | Last Name | Student ID # (DO NOT INCLUDE SSN) |
| Phone Number (include area code) or Email |      |           | Date of Birth                     |

### B. Student Signature

If you are the student, by signing this application 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 back on a federal student grant or have made satisfactory arrangements to repay it
4. Will notify your school if you default on a federal student loan
5. Will not receive a Federal Pell Grant from more than one school for the same period of time

### C. Parental Signature

If you are the parent of 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 your U.S. or state income tax forms. 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 ID (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.

### D. Certification and Signature

I understand that this information will be reviewed and I may be asked to provide additional documentation or clarification pertaining to my situation stated above. By signing this form I certify under penalty of perjury, that all the information reported to qualify for federal student assistance is complete and accurate. If I give false or misleading information on this worksheet, I may be fined, be sentenced to jail, or both.

|  |      |
|--|------|
| Student's Signature                    | Date |
| Parent's Signature (Dependent Student) | Date |

**Please contact the office of Financial Aid with any questions:**

Iowa Western Financial Aid | Clark Hall | 2700 College Road | Council Bluffs, IA 51503  
[FinancialAid@iwcc.edu](mailto:FinancialAid@iwcc.edu) | 800.432.5852 or 712.325.3277 | Fax 712.388.6803 | [iwcc.edu](http://iwcc.edu)