



**Kaskaskia College
Financial Aid Office**

(618) 545-3080 | www.kaskaskia.edu | kcfinaid@kaskaskia.edu
27210 College Road, Centralia, Illinois 62801

**Institutional Student Information Records
For 2024-2025**

READ, SIGN, AND DATE

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, and (5) will not receive a Federal Pell Grant from more than one school for the same period of time.

If you are the parent or 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 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 this form should sign below. The student (and at least one parent, if parent information is given) **MUST** sign below.

Student _____ Date: _____

Print Student Name _____

Parent _____ Date: _____

Print Parent Name _____