

2009-10
PARENT SIGNATURE/HOUSEHOLD
INFORMATION REQUIRED
(FOFHSA)



Student Name: _____ MUID#: _____

I. HHS Disadvantaged Programs:

- ◆ Health Professions Loan (HPL) – (Dental)
- ◆ Loan for Disadvantaged Students (LDS) – (Dental)
- ◆ Scholarship for Disadvantaged Students (SDS) – (Dental/Physical Therapy)

You provided parent information on your 2009-10 Free Application for Federal Student Assistance (FAFSA), however, the parent signature was not included on your application. If you wish to be considered for and/or receive any of the programs listed above, read the information below, which was taken directly from the FAFSA.

Please sign, date, and return this form to Carla Smith-Liebich. The completed form may be sent by mail or fax. The address and fax number are indicated at the bottom of this document.

II. FAFSA Step Seven: Please read, sign, and date.

A. Student: By signing this form 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, and
- (4) will notify your school if you default on a federal student loan.

Student Signature: _____ Date: _____

- B. Parent:** By signing this form you agree, if asked, to provide information that will verify the accuracy of your FAFSA. 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 the FAFSA with the Internal Revenue Service and other federal agencies. If you purposely give false or misleading information, you may be fined \$20,000, sent to prison, or both.

Parent Signature: _____ Date: _____

****Please also complete Page 2 of this Form**

