



Student Financial Aid &
Scholarships
P. O. Box 629
Grambling, LA 71245
Fax: 318-274-3358
www.gram.edu

2019 – 2020

Institutional Student Information Record

Name: _____

GN: _____

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 for 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 Federal Income Tax Transcript(s). 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 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 _____

Parent _____

Date _____