

Office of Financial Aid Student Statement

Student Information

STUDENT'S NAME: _____ DATE OF BIRTH: _____

STUDENT ID NUMBER OR LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: _____

Financial aid request for Personalized Statement

If you have been asked by Financial Aid for a statement please use the space below to explain your circumstances:

Certification Statement

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 assistance is complete and accurate. If I give false or misleading information on this worksheet I may be fined, sentenced to jail, or both.

I hereby certify that all of the information provided is true and accurate.

Student's Signature_____
Date

Please Contact the office of Financial Aid with any questions:

Office Hours: Monday – Thursday 8 a.m. – 6 p.m. and Friday 8 a.m. – 3 p.m.

FinancialAid@iwcc.edu | 800.432.5852 or 712.325.3277 | Fax 712.388.6803 | iwcc.edu