NIAGARA UNIVERSITY
FINANCIAL AID OFFICE, NIAGARA UNIVERSITY, NY 14109
2015-2016 REQUIRED FEDERAL AID CERTIFICATIONS

Student Name: ____________________________________________________________

Social Security No. __________________________ Student No. _________________
(required)

Address: _______________________________________________________________
  street __________________________________ city __________________________
  state ________ zip ________

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PLEASE SIGN AND RETURN THIS FORM TO THE FINANCIAL AID OFFICE IMMEDIATELY. THE FINANCIAL AID OFFICE CANNOT CREDIT YOUR STUDENT ACCOUNT UNTIL THIS FORM IS RECEIVED.

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SECTION A: STATEMENT OF REGISTRATION STATUS

(Please check the statement below that applies to you.)

____ I certify that I am registered with Selective Service.

____ I certify that I am not required to be registered with Selective Service because: (Please check the statement that applies to you.)
  ____ I am a female.
  ____ I am in the armed services on active duty. (NOTE: Does not apply to members of the Reserve and National Guard who are not on active duty.)
  ____ I have not reached my 18th birthday.
  ____ I was born before 1960.
  ____ I am a citizen of the Federated States of Micronesia, the Republic of the Marshall Islands, or the Republic of Palau.

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SECTION B: CERTIFICATION STATEMENT ON OVERPAYMENT AND DEFAULT

I certify that I am not in default on a federal student loan, or I have repaid or made satisfactory arrangements to repay my loan if I am in default; I do not owe money back on a federal student grant, or I have made satisfactory arrangements to repay it. I will notify Niagara University if I owe an overpayment on a federal grant or I am in default on a federal student loan; and I will not receive a Federal Pell Grant from more than one school for the same period of time.

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SECTION C: STATEMENT OF EDUCATIONAL PURPOSE

I certify that I _____________________________ am the individual signing this Statement of
  (Print Student’s Name)
Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Niagara University for 2015-2016.

__________________________  (Student’s Signature)  ___________________________  (Date)

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Email: finaid@niagara.edu