NIAGARA UNIVERSITY
FINANCIAL AID OFFICE, NIAGARA UNIVERSITY, NY  14109
2016-2017 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 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 2016-2017.

_________________________________  ______________________
(Student's Signature)                (Date)

forms:16-17\sep-form.doc  Email: finaid@niagara.edu