Financial Aid Office
125 South 2nd St. Arkansas City, KS 67005
Phone: 620.441.5304 | Fax: 620.441.5575
Email: financialaid@cowley.edu

**Cowley College
2024-2025
Student Certification Form**

Student Name:_____ 　　　　Student ID:_____

Section A: Your Degree

Please list the Degree or Certificate Program you are working on.

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- If you need to declare a degree, please contact your advisor or an Admissions Representative at 620.441.6335. You can find the list of approved degrees at, www.cowley.edu Programs and Degrees.
- Listing **undecided** is not accepted while receiving Title IV federal financial aid; grants, direct student loans, and/or work study

Section B. Your High School/GED Completion

High School/GED Center Name	City & State	Year Graduated
Home/Online School	City & State	Year Completed

Section C.

CORRECTION/ELECTRONIC FILE AUTHORIZATION

By signing below, I, the student, understand that I am responsible for checking my Cowley email regularly.

I also authorize Cowley College to file my FAFSA electronically and/or make all corrections necessary to process my Student Aid Report (SAR).

All of the information on my FAFSA/SAR is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information on the FAFSA, I may be subject to a fine, a prison sentence, or both.

Everyone whose information is on the FAFSA must sign below - the student and at least one parent (if parental information is required).

Student _____ Date _____

Parent / Spouse _____ Date _____