



LIFE PACIFIC
UNIVERSITY

STUDENT FINANCIAL AID CERTIFICATION FORM 2023-2024

NAME _____

(Print Clearly)

SCHOOL: **Life Pacific University**

1. ☐ YES ☐ NO During the last 12 months, have you attended other colleges/universities (after high school) or are you currently enrolled in another college/university other than Life Pacific University. Note: *Federal regulations prohibit a student from receiving federal financial aid from more than one school at the same time. (Answer yes even though you may not have received financial aid while attending school.)*

I attended _____ located at _____ from _____ to _____

2. While attending school will you live: ☐ on campus ☐ off campus ☐ with your parents

3. I consent to receive financial aid information/documents electronically to my college and/or personal email address. If I wish to decline receiving information electronically, I will contact the financial aid office in writing.

4. TERMS OF AGREEMENT / PAYBACK AGREEMENT

On acceptance of Financial Aid from this school, I certify that: (read everything completely, and then sign under section 8)

• I will enroll and maintain satisfactory academic progress at the school. I understand that if I do not maintain satisfactory progress, I may have my financial aid withheld/withdrawn and may lose my financial aid completely. I understand that the amount of the award indicated on the Financial Aid Notification is subject to change according to my enrollment status. I further understand that to receive funding under any Federal Program, I must be a citizen of the United States or in the United States for other than a temporary purpose and intend to become a permanent resident.

• I will promptly answer all letters, emails, phone calls relating to my Financial Aid, and notify the school of any change of address, phone number, email address, financial status, or attendance status.

• I understand that if I withdraw my enrollment at the school, ALL unearned funds will be returned to the Department of Education (for example: DIRECT LOANS, PLUS, PELL, FSEOG). The amount of Title IV Program assistance earned is based on the amount of time the student spent in academic attendance; it has no relationship to the student's incurred institutional charges. Up through the 60% point in each payment period or period of enrollment, a pro rate schedule is used to determine the amount of Title IV funds the student has earned at the time of withdrawal. After the 60% point in the payment period or period of enrollment, a student has earned 100% of the Title IV funds. A complete copy of the Return to Title IV (R2T4) is sent with aid information each year.

• I understand the school may release or transmit all information contained in my Free Application for Federal Student Aid and/or my Financial Aid to any government agency, institution of higher education, or lending institution from which I intend to borrow money, or have borrowed money, under the provisions of the Higher Education Act of 1965, as amended.

5. DRUG PREVENTION PROGRAM, SECURITY REPORT-CAMPUS SAFETY, CLERY ACT

• I understand that the school is required to make an annual distribution to all students/employees of its Drug Prevention Program Information. The annual Drug Prevention Program information includes standards of conduct that prohibit the unlawful possession, use, or distribution of illegal drugs and alcohol by students and employees on the property or as part of any of its activities. I understand that the school will impose disciplinary sanctions, up to and including expulsion or termination of employment and referral for prosecution, on student and employees for violation of the standards of conduct. This school also has an Annual Security Report, which must be provided to prospective students as well as current students/employees and contains campus security policies and procedures as well as campus crime statistics and a sexual assault program. **To view this information annually online go to www.lifepacific.edu/resources/campus-safety/**

6. FEDERAL TITLE IV AUTHORIZATION / CERTIFICATION

• I authorize this institution to credit Title IV (federal grants or loans) to my student account to cover institutional educational expenses incurred by me in addition to tuition/fees (and, if applicable, room and board), during my 2022-2023 Academic Year.

(Complete the back side of this form.....)

7. CALIFORNIA STATE GRANT SECTION: (skip Section 7 if you do not have a state CAL grant)

1. CAL Grant A/B Authorization (California State Aid Recipients only)
☐ I authorize this Institution to credit Cal Grant A and/or B (tuition fees portion) to my student account to cover qualified tuition/fees. **I understand that a student needs to take 15 units per semester or 30 semester units per academic year to graduate within four years. I am also fully aware that a Cal Grant award is limited to four academic years if I meet the eligibility requirements.**
2. CAL Grant Access (California State Aid Recipients only) **check only one box choose a or b:**
 - a. ☐ I authorize this Institution to apply my **Cal Grant B Access** funds in the amount directly to my student account to cover institutional education expenses incurred by me in addition to tuition/fees. I may rescind this authorization at any time in writing.
 - (OR)
 - b. ☐ I would like the **Cal Grant B Access** refunded to me. Furthermore, I understand by not authorizing this Institution to apply my Cal Grant B Access funds to my student account, that I am also responsible for any outstanding balance that is due on my account. I may rescind this authorization at any time in writing.

8. STUDENT CERTIFICATION

My signature certifies that I have read and fully understand the provisions stated on this form. All the information on my Free Application for Federal Student Aid (FAFSA) is true and complete to the best of my knowledge. If I am asked or selected for verification, I agree to supply documentation that my information is correct. This documentation might include a copy of the U.S. Federal Income Tax Forms (Tax Return Transcript) filed by my family or myself. **I understand that if I purposefully give false or misleading information, I may be subject to a fine of up to \$20,000, imprisonment, or both.**

SIGNATURE _____

Date _____

PARENT'S SECTION ONLY

If a parent is applying for a Direct Federal Plus Loan, the parent borrowing the loan funds will need to fill out this section.

PARENT'S STATEMENT OF EDUCATIONAL PURPOSE / CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT

1. I certify that I do not owe an overpayment on any Title IV HEA educational grant or loan. I am not in default on a Title IV (federal) educational loan or have made satisfactory arrangements to repay or otherwise resolve any overpayment or default. I will use all Title IV (federal) money received only for expenses related to attendance at this institution. I understand that this federal parent loan is my responsibility to repay.
2. I consent to receive financial aid information/documents electronically to my personal email address. If I wish to decline receiving information electronically, I will contact the financial aid office in writing.
3. I authorize this institution to credit PLUS funds to my student's account to cover educational expenses aside from allowable tuition/fees (and, if applicable, room and board). I understand if PLUS funds cannot fully cover educational expenses beyond tuition/fees (and, if applicable, room and board) that the student is responsible for these costs, and that failure to pay could result in suspension from attending classes or a hold on future enrollment. I may rescind this authorization at any time.
4. ☐ YES ☐ NO If excess parent PLUS loan funds remain after crediting the student's account for institutional charges; do you want the remainder of the PLUS excess funds to be given to the student to pay non-institutional expenses? A yes answer will be the approval to give a refund check directly to the student. **If you answered NO to this question, please fill in the information below and we will mail a refund check payable to the person listed below: (please print clearly)**

Make check payable to: _____

Mailing Address: _____

City, State, Zip code: _____

PARENT NAME: _____
(Please print clearly)

PARENT SIGNATURE _____ DATE _____