



Last Name	First Name	M.I.	Last 4 SSN	OR	NCMC ID #

**D. Signature and Certification    HAND WRITTEN SIGNATURES ONLY**

Each person signing this form certifies that all the information reported is complete and correct. The student must sign, Spouse's signature is optional. (Electronic Signatures Not Accepted)

Student	Date	Spouse (Optional)	Date
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**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both

**Submit to:**

**Mail:** North Central Michigan College Financial Aid Office 1515 Howard Street Petoskey, MI 49770

**Fax:** 231-439-6595

**Electronic Upload:** [www.ncmich.edu](http://www.ncmich.edu) > Admissions > Financial Aid & Paying for College > Financial Aid > Verification for Financial Aid>