



**Section D. Special Circumstances**

24. For how many dependents will the **student** pay child care or elderly care for: \_\_\_\_\_; monthly cost: \$ \_\_\_\_\_
25. Are there any unusual medical expenses not paid by insurance:  Yes  No
26. Will your financial situation for **2020** or your parent's financial situation for **2020** change significantly from **2018**:  Yes  No  
If yes, please attach a separate page explaining the reason(s) why and provide documentation to support your statement.

**Section E. Other Information**

27. Have you previously attended or will you be attending another college, business school, trade or technical school before or during your attendance at the American Academy of Art?  
 Yes  No If yes, complete the following (list any additional schools on a separate page).

Name of School	Address/Telephone Number	Received Financial Aid?	Degree Granted?	Type of Degree	Dates
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

**Section F. Registration Certification and Statement of Educational Purpose**

All of the information provided by me or any other person on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that if I do not have proof when asked, financial aid may be denied.

By signing below, I agree to the following regarding my financial aid:

- YES    NO
- 1. I agree to notify the Financial Services Office of any change in my or my family's situation such as name, address, employment, marital status, dependency status, household size, a change in benefits received, or the receipt of outside financial aid.
  - 2. I certify that the information contained herein is true and correct to the best of my (our) knowledge.
  - 3. I certify that I have received a school catalog and I have reviewed the section of Satisfactory Academic Progress, and I understand that if I fall below these levels, my financial aid funding will be terminated.
  - 4. I understand that if I am on a payment plan, I must make my payment on or before the due date or risk being withdrawn from school.
  - 5. I understand that if I discontinue my education a portion or the entire financial aid disbursed may need to be refunded, and I may owe this amount to the school.
  - 6. I understand that all requested forms and documents as well as high school transcripts must be on file before I can receive financial aid funds.
  - 7. I understand that financial aid is not automatically renewed. I must apply before the start of each academic year and the amount of aid for which I am eligible may change due to changes in Federal rules or my income situation.

\_\_\_\_\_  
Student Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

Date \_\_\_\_\_

**American Academy of Art  
Student Statements and Certifications**

**EDUCATIONAL PURPOSE**

I certify that I will use any money I receive under a federally assisted loan, grant, or work study program only for expenses related to my study at the American Academy of Art.

I understand that I may accept all or part of any assistance offered to me. I must first use any assistance toward payment of tuition and fees before using the funds for other college related expenses.

I will promptly notify the Financial Services Office in writing of any changes in my financial circumstances, registration, or assistance received from sources outside the American Academy of Art. These changes may result in a revision of my award without prior notice.

I understand that I am responsible for the repayment of my loans that I have used for my college tuition and college related expenses.

**REFUNDS AND DEFAULT**

I certify that I am not in default on any loan under the **Federal Direct Loan Program, Subsidized or Unsubsidized**, or the **Federal Parent Loan for Undergraduate Students (PLUS) Program** or the **Federal Perkins Student Loan Program**, and do not owe a refund on a grant received under the **Federal PELL Grant** or **Federal Supplemental Educational Opportunity Grant (SEOG) Program** for attendance at any institution.

**ANTI-DRUG ACT**

I certify that as a condition of my financial assistance, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the period covered by my financial assistance.

**RELEASE OF INFORMATION**

I authorize the Financial Services Office to discuss my financial circumstances with other public or recognized private agencies which may also be considering me for aid. My financial aid status may also be discussed with my parents or other individuals who have provided information on my behalf. I also consent to release to the American Academy of Art any information pertaining to previous financial aid from any source.

**REGISTRATION STATUS**

\_\_\_\_\_ I certify that I am registered with the Selective Service.

\_\_\_\_\_ I certify that I am not required to be registered with the Selective Service because:

**(Check only one reason)**

\_\_\_\_\_ I am female.

\_\_\_\_\_ I am in the armed service on active duty. (Does not apply to members of the National Guard not on active duty.)

\_\_\_\_\_ I have not reached my 18<sup>th</sup> birthday.

\_\_\_\_\_ I was born before 1960.

\_\_\_\_\_ I am a citizen of the Republic of Palau; or I am a citizen or national of the Federated States of Micronesia or the Republic of the Marshall Islands and have lived in the United States for less than one year.

**RENEWAL OF AWARDS**

I understand that no financial aid is automatically renewed; I must apply each year.

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**Student Signature**

**Social Security Number**

**Date**

Notice: To receive Title IV financial aid, you must complete the Statement of Educational Purpose, and you must be registered with the Selective Service, if required to register. If you purposely give false information on this form, you may be subject to fine or imprisonment or both.