Wesleyan University

C205

Wesleyan University Financial Aid Office

2027-28 Financial Aid Application Certification

This form must be completed, signed, and uploaded with your IDOC materials.

_____ _____

Applicant/Student Name (Print) WesID (or Applicant ID)

The applicant/student, and if applicable, a parent and/or applicant/student spouse, must review the certifications, check each box, and sign below. Missing signatures may delay financial aid processing.

By completing and signing this form annually, the undersigned (referred to herein as "applicant/student," "parent," or collectively as "we") acknowledge and agree to the following statements and representations for the duration of the student's enrollment at Wesleyan University:

Accuracy and Completeness of Information

☐ All information in the applicant/student's financial aid application is complete and accurate as of the date of this certification. We will promptly notify the Financial Aid Office in writing of any changes in our financial circumstances and provide any requested information or documentation. We understand that such changes may result in a revision of the applicant/student's aid package.

☐ We understand that failure to provide the requested information may result in the withholding or cancellation of financial aid by Wesleyan University.

☐ We understand that Wesleyan University may verify the accuracy of all information we provide.

Consequences of Providing Inaccurate or Incomplete Information

☐ We understand that incomplete, inaccurate, misleading, or false information may result in delays or revocations to the applicant/student's financial aid package.

Financial Aid Award Information

☐ The applicant/student understands that Title IV federal aid will be applied to their account to cover educational expenses, including tuition, fees, food and housing, and student health insurance.

☐ We understand Wesleyan's policy regarding the application of state grants, outside scholarships, and tuition benefits.

Release of Information

☐ We understand that we must provide all signed tax returns with all schedules, W-2s, 1099s, and, upon request, an official IRS or tax authority transcript to Wesleyan University.

☐ We understand that the information provided on the financial aid application and other documents may be disclosed to the applicant/student.

☐ We authorize Wesleyan University to electronically release our financial aid information, including loan disbursement details.

☐ We understand that the applicant is the primary contact for the Financial Aid Office and is responsible for regularly checking the email address provided on their admission application. All Wesleyan students are required to monitor their Wesleyan-assigned email address.

Electronic or ink signatures are required below from all applicable parties.

_____ _____

Applicant/Student Signature Date Applicant/Student Spouse Signature (if applicable) Date

_____ _____

Parent Signature Date Parent Name (Printed)