



CERTIFICATION OF PARENTS' KNOWING AND WILLFUL FAILURE TO ASSIST WITH FINANCIAL AID APPLICATION COMPLETION

Student name: _____ CCM ID#: _____

I am a student who is enrolled in or planning to enroll at the **County College of Morris** during the school year (e.g. 2024-2025) _____.

I am a dependent student as defined by N.J.A.C. 9A:9-2.6;

I am seeking to apply for student financial aid programs offered by the State of New Jersey and the Federal government by submitting either a Free Application for Federal Student Aid (FAFSA) or a New Jersey Alternative Financial Aid Application (NJAFSA), as applicable.

I have requested of my parent (Contributor) that they disclose information required on the FAFSA form, providing **consent and approval** allowing the transfer of their Federal income tax filed information (FTI) and or complete verification requests for my FAFSA or NJAFSA (NJFAMS "To Do List") State aid form, with my parent(s) knowingly and willfully failed, refusing to disclose the required information for student aid assistance, understanding that they are "not required" to provide financial support as a Contributor.

I the Parent (Sign Name): _____ **of** (Student Name): _____
will not provide my information or assist with the FAFSA form completion, understanding that I am subject to a civil penalty charge by the State as seen below.

ATTENTION! I understand that by submitting this certification, pursuant to N.J.S.A. 18A:71B-2.5, my parent(s) will be subject to a civil penalty of not more than \$500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," N.J.S.A. 2A:58-10 et seq.; and

I further understand that it is a crime of the fourth degree to knowingly and willfully furnish any false or misleading information for the purpose of obtaining a scholarship or tuition assistance grant, or of enabling another to obtain a scholarship or tuition assistance grant under any program administered by HESAA.

My parent (Contributor) who knowingly and willfully failed to disclose information required by the FAFSA or NJAFSA, and/or to complete verification of my FAFSA or NJAFSA, are:

Parent 1

Parent 2 (if applicable)

Name: _____

Name: _____

Address: _____

Address: _____

Address: _____

Address: _____

I hereby certify that the foregoing statements made by me are true to the best of my knowledge.

I understand that if any of the foregoing statements are willfully false, I am subject to punishment.

I further understand that a copy of this form will be submitted to the NJ State Higher Education Student Assistance Authority (HESAA) in accordance with their terms and conditions.

Signed certification required below (print and sign):

Parent

Print Name: _____

Sign Name: _____

Date: _____

Student

Print Name: _____

Sign Name: _____

Date: _____

NJFAMS ID or Date of Birth: _____