2025-26



CBFinAid ID

Financial Aid Office

Swarthmore College Financial Aid Application Certification

Upload this signed form with your IDOC materials to the College Board

Print	ed Student Name	Swarthmore ID	Number (leave blank if unsure)	Date of Birth			
IMP one app	IMPORTANT: The following individuals MUST read these certifications, check each box, and sign below: student, one parent, and student's spouse (if applicable). Missing signatures will delay the processing of your aid application. If necessary, please submit multiple versions of this form to provide all signatures.						
By our signatures, the undersigned (referred to in this document as "student," "parent," and collectively as "we") hereby acknowledge and agree to be bound by the following representations and statements as long as the student is enrolled at Swarthmore College:							
Con	npleteness of Information						
	All information in the student's financial aid application is complete and accurate as of the date of this certification and that we will notify the Financial Aid Office promptly, in writing, of any changes in our financial circumstances and provide any other requested information and documentation. We understand that these changes may result in revisions to the student's aid package.						
	We understand that Swarthmore College may withhold or cancel financial aid if we do not provide any requested information.						
	We understand that Swarthmore College may verify the accuracy of any information we provide.						
Con	sequences of Providing Inac	curate/Incomplete In	formation				
	We understand that if the information we provide is incomplete, inaccurate, misleading, or false,the student may be subject to financial aid award delays or revocation.						
Fina	ancial Aid Award Information						
	The student understands that if s/he is a Title IV federal aid recepient, this aid will be credited to the student's account to cover all educational expenses. Such expenses may include, but are not limited to, tuition, fees, room and board, and the student health insurance plan. If the student elects to have federal aid credits limited to tuition, fees, and room and board, the student will notify the Financial Aid Office, in writing, to this effect.						
Rele	ease of Information						
	We understand that we must furnish signed copies of our tax returns, all supporting schedules, all W-2 forms, all Form 1099s, and we agree to provide official IRS transcripts or by proper tax authority directly to Swarthmore College at any time upon request.						
	We understand that information provided on the financial aid application and other documents may be shared with the applicant.						
	We authorize Swarthmore College to release our financial aid information, including loan disbursement information, electronically.						
	We understand that the student applicant is the primary contact of the Financial Aid Office, and the student applicant is responsible to check the email address provided to Swarthmore on their admission application. Swarthmore students are responsible to check their Swarthmore assigned email.						
	Elec	tronic or ink signatures	are required from ALL applic	cable parties.			
Signa	ature of Student	Date	Signature of Student's	Spouse (if applicable)	Date		
Signa	ature of Parent	Date	Print Parent Name				