

**ARKANSAS NORTHEASTERN COLLEGE**  
**2023-2024 Dependent Student's Parent Information**

Dependent  
**DP**

**1. Student Name:** \_\_\_\_\_  
 Last                                      First                                      M.I.

**3. SS# or ANC Student ID:** \_\_\_\_\_

**4. Date of Birth:** \_\_\_\_\_

**2. Mailing Address:** \_\_\_\_\_  
 Address                                      City                                      State                                      Zip

**Incomplete or Inaccurate information will delay processing and could result in the loss of aid.**

**5. Parent Information: What are the Names, Dates of Birth, and Social Security Numbers of your parents reporting information on your FAFSA? If your parent does not have a Social Security Number, you must enter 000-00-0000. Do not enter a Taxpayer Identification Number.**

Parent 1.	/ /	-- --
Parent 2.	/ /	- --

**6. As of today, what is the Marital Status of your parents?:**

- Never married
- Unmarried and both legal parents living together
- Married or remarried
- Divorced or Separated
- Widowed

**7. Month and year they were married, remarried, separated, divorced or widowed:**

\_\_\_\_\_  
 Month                      Year

**8. Signatures:**

Your signature certifies that all the information reported is complete and accurate. I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sentenced to prison, or both.

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

\_\_\_\_\_  
 Parent (step) Signature                                      Date

**Submit to the ANC Financial Aid Office in Blytheville.**