

THIS PAGE MUST BE COMPLETED AND SENT TO:

Arkansas Department of Higher Education
114 E. Capitol Avenue
Little Rock, AR 72201-3818
(501) 371-2050 or (800) 547-8839

GO! Opportunities Grant
SPRING
Signature Page 2009-2010

(Please complete information below)

STUDENT'S NAME: _____ SSN: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

STUDENT CERTIFICATION

I certify that the information contained in this application is true and correct to the best of my knowledge.

Applicant's Signature Date

DRUG FREE CERTIFICATION

I certify that I am drug-free and will refrain from the unlawful possession, use, or distribution of illicit drugs (and of alcohol if I am under 21 years of age).

Applicant's Signature Date

Send this page to ADHE. If you haven't already done so, complete and submit the Free Application for Federal Student Aid (FAFSA) before the November 1 deadline.