

North Arkansas College

2025 – 2026 Parent Information Form

Financial Aid Office * 1515 Pioneer Drive * Harrison, AR 72601 * 870-391-3266 * Fax 870-391-3340
financial-aid@northark.edu

Student Name: _____ ID Number: _____

Answer the following based on THE DATE YOUR FAFSA WAS SUBMITTED for the 2025-2026 application year.

Parents' Marital Status: Married/Remarried Single Separated Divorced Widowed

Parents' Marital Date (Month/Year): _____

Father/Stepfather's Name: _____

Father/Stepfather's Social Security Number: _____

Father/Stepfather's Date of Birth (Month/Day/Year): _____

Mother/Stepmother's Name: _____

Mother/Stepmother's Social Security Number: _____

Mother/Stepmother's Date of Birth (Month/Day/Year): _____

Did your parents file a 2023 Federal Income Tax Return? (Circle ONE)

Already Filed

Will File

Not Filing

If filed or filing, a SIGNED copy of the 2023 Federal Tax 1040 Form(s) and W-2 form(s) MUST be submitted.

Parents' state of legal residence: _____

Date of legal residence (Month/Year): _____

Number of family members in your parents' household from July 1, 2025 – June 30, 2026: _____

Number of family members in college (at least half time) from July 1, 2025 – June 30, 2026: _____

Total amount in parents' cash, savings, and checking accounts: _____

Net worth of parents' investments: _____

Net worth of parents' business and/or farm: _____

Parent Signature: _____ Date: _____