

Arkansas Baptist College

Department of Financial Aid 1600 Dr. Martin Luther King Jr. Drive

Little Rock, AR 72202 Phone: (501) 420-1226

Section A: Student Information (Please Print Clearly)

Email: dofa@arkansasbaptist.edu

Bankruptcy Status Worksheet

| Last Name | First Name | M.I. | Email |
|---|--|---------------------|-------------------------|
| Street Address | City | State | Zip Code |
| What you should do: | | | |
| Complete this entire w SIGNED. Please submit all docu | orksheet. You must answe ments at the same time. | r all the questions | and the form must be |
| The U.S. Department of Educibankruptcy status. Please poper Department of Education explain | rovide our office with any | letters you may | |
| Section B: Bankruptcy Sta | tus Verification | | |
| Return this original form to our Education. | office along with a copy of | your letter from th | ne U.S. Department of |
| I have attached the following d | ocumentation (<i>please che</i> | ck): | |
| Copies of all lett student loan state | ers received from the U.S. tus | Department of Ed | ucation explaining your |
| Section C: Student Signate | ure | | |
| I certify that the information pro | ovided on this form and any | attachments are | true and correct. |
| Student Signature | | Date | |

IMPORTANT: TO AVOID DELAYS IN PROCESSING, ONCE YOU HAVE COMPLETED THIS DOCUMENT, PLEASE REVIEW IT TO MAKE SURE THAT EVERY QUESTION IS ANSWERED AND THAT YOU HAVE PROVIDED ALL ADDITIONAL DOCUMENTS PER THE INSTRUCTIONS. SUBMIT ALL DOCUMENTS AT THE SAME TIME IN PERSON, FAX, EMAIL, OR REGULAR MAIL TO: ARKANSAS BAPTIST COLLEGE, DEPARTMENT OF FINANCIAL AID, 1600 DR. MARTIN LUTHER KING JR. DRIVE, LITTLE ROCK, AR 72202.