

2022-2023 Academic Year Financial Aid Affidavit

Student Name: Last, First, Middle Initial		RCSJ-Cumberland Student ID#:				
Phone#:		Date of Birth:				
Address:		City, State, Z.I.P. Code				
Requirements: Initial to confirm each of the fo	llowing statements					
I have attended a New Jersey high school for at least three years			Initial			
I have received or will receive a high school diploma equivalent, such as a High School Equivalency issue					al	
I am not a United States citizen or eligible non-citizen				Initial		
High School Attendance:				,		
High School	City		State	Date of Attendance: From MM/YYYY	Date of Attendance: To MM/YYYY	
Note: You must submit your Official High Scho	 pol Transcript(s) once	e you hav	e graduate	 d, if you have not alrea	ldy done so.	
Affidavit:						
By signing this document below, I hereby sapplication to legalize my immigration state						
Declaration of True and Accurate Inform	nation:					
I, the undersigned, declare that the inform information will be used to determine my above information is found to be false, I wi and may be subject to disciplinary action b	eligibility for the tu ll be liable for payr	ition exe ment of a	emption. I all nonresi	further understand t dent charges from w	hat if any of the	
Student's Signature				Date		