

## 2024–2025 NJ Alternative Financial Aid Affidavit Form

Student Name: Last, First, Middle Initial		RCSJ-Cumberland Student ID:				
Phone:		Date of Birth:				
Address:		City, State, ZIP Code:				
Requirements: Initial to confirm each of the following	lowing 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 issued					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	
<b>Note</b> : You must submit your Official High Scho	ool Transcript(s) one	ce you ha	ve graduated	d if you have not alread	y done so.	
Affidavit:						
By signing this document below, I hereby sta application to legalize my immigration statu						
Declaration of True and Accurate Informa	ation:					
I, the undersigned, declare that the information will be used to determine my elabove information is found to be false, I will and may be subject to disciplinary action by	ligibility for the tu l be liable for payı	iition exe ment of a	emption. I f all nonresid	urther understand th	at if any of the	
Student's Signature				Date		

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