



**2023–2024 Academic Year
Financial Aid Affidavit**

Student Name: Last, First, Middle Initial	Student ID:
Phone:	Date of Birth:
Address:	City, State, ZIP Code

Requirements: *Initial to confirm each of the following 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 from a New Jersey high school, or have attained an equivalent, such as a High School Equivalency issued by the State of New Jersey (GED). Initial _____ .
- 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 School Transcript(s) once you have graduated, if you have not already done so.

Affidavit:

By signing this document below, I hereby state that if I am a non-citizen without lawful immigration status, I have filed an application to legalize my immigration status or will file an application as soon as I am eligible to do so.

Declaration of True and Accurate Information:

I, the undersigned, declare that the information I have provided on this form is true and accurate. I understand that this information will be used to determine my eligibility for the tuition exemption. I further understand that if any of the above information is found to be false, I will be liable for payment of all nonresident charges from which I was exempted and may be subject to disciplinary action by Rowan College of South Jersey.

Student's Signature Date

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