

Cal Grant Affidavit for California Dream Act

For Eligible High School Graduates

Please complete, sig	n and return this form to th	e Financial Aid Offic	ce.	
I, the undersigned, d	eclare the following:			
Yes No	Equivalency Certificate from the California Hig I have attended High Sc	, issued by the Califo h School Proficiency Check Yo hool in California for	ool or attained the equivalent the rnia State GED Office or a cert Examination. es or No	tificate of proficiency, resulting
School	City	State	Dates:	
			From-Month/Year	To-Month/Year
	imentation of High Sci applies to you (only one):	hool attendance a	nd graduation (or its equiv	valent) is required.
				gn student (F Visa) or exchange r California Dream Act/Cal Grant
I am not a immigratio	=	ing, but not limited to		dent, or an alien without lawful
on this form is true eligible High Schoo application to legal	and accurate. I understa I graduates. I hereby dec ize my immigration statu	and that this information that, if I am an so will fill an appli	ation will be used to determin alien without lawful immigra	e to do so. I further understand
Signature:				