

| Cal Grant Affidavit for California Dream A | ct |
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| For Eligible High School Graduates | |

Please complete, sign and return this form to the Office of Financial Aid.

I, the undersigned, declare the following:

Yes

Check Yes or No

Tes No I have graduated from a California High School or attained the equivalent thereof, such as a High School Equivalency Certificate, issued by the California State GED Office or a certificate of proficiency, resulting from the California High School Proficiency Examination.

Check Yes or No I have attended High School in California for three or more years.

Yes No

Provide Information on all schools you attended in grades 9-12

| School | City | State | Dates: | |
|--------|------|-------|-----------------|----------------------|
| | | | From-Month/Year | To-Month/Year |
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Documentation of High School attendance and graduation (or its equivalent) is required.

Check the box that applies to you (only one):

I am a nonimmigrant alien as defined by federal law, (including, but not limited to, a foreign student (F Visa) or exchange visitor (J Visa)). Please note that students who are nonimmigrant aliens are not eligible for California Dream Act/Cal Grant funding.

OR

I am an immigrant alien (including, but not limited to, a US Citizen, permanent resident, or an alien without lawful immigration status).

Affidavit:

I, the undersigned, declare penalty or perjury under the laws of the State of California 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 Cal Grant for eligible High School graduates. I hereby declare that, if I am an alien 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. I further understand that if any of the above information is untrue, I may be subject to disciplinary action by the University.

| Name (printed): | Date |
|-----------------|------|
| | |
| Signature: | |

If you have any questions regarding this form, please send an email to <u>FinAid@newschoolarch.edu</u> *You may submit this authorization in person, by mail or fax.* 1249 F Street – San Diego, California 92101 – (619)235-4100 – fax (619)684-8880