

2024-2025 Miscellaneous Self Certification Form

Last Name	First Name	MI	Student ID	Date of Birth
	d Office at San Bernard pdate your 2024-2025 F		lege may use the informa tion.	ation you provide
High School D	iploma—Equivalen	cy Statement		
I hav w	e a high school diploma fro hich I received on:	m:(To be used t	o correct FAFSA only)	
I hav	e a GED from:	W	which I received on:	(To be used to correct FAFSA only)
	nded college prior to July 1 Proof must be provided to th			proved ability-to-benefit test (ATB).
			eviously determined to have San Bernardino Valley Colle	passed six credits of college work that are ege.
	es No (ch		ease note the CA certificate of	of completion is not eligible)
		our parent(s) (if E	Dependent) have a business w	which employs 100 or more full-time
employees?	es No	L . / .		
If yes, plea	se indicate the net worth of	that business: \$		
Declining Fina	ncial Aid			
Plea	ase cancel my award(s) for	the <u>2024-2025</u> aw	ard year.	
<u>Other</u>				
	cumentation is being reques previous award year.	ted based on the i	nformation I provided on my	FAFSA that I have submitted during a
Certification an	d Signature			

By signing below you are certifying that all of the information reported is complete and correct. WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student's Signature

Date