San Bernardino Valley College

RETURN TO:
San Bernardino Valley College
Financial Aid Office – AD/SS 106
701 S. Mt. Vernon Ave.
San Bernardino, CA 92410

Statement of Fact

Name of Financial Aid Applicant *(Please Print)*

_____
Last First Middle

Date of Birth: _____
Month Day Year

Student ID#: _____**Social Sec#**_____

Please write a detailed statement explaining your circumstances or indicating the correction needed in regards to your financial aid application:

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Certification:

I HEREBY SWEAR OR AFFIRM THAT THE INFORMATION REPORTED ON THIS FORM AND ANY ATTACHMENTS HERETO IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY (OUR) KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENTS OR MISREPRESENTATION WILL BE CAUSE FOR DENIAL, REDUCTION, WITHDRAWAL, AND/0R REPAYMENT OF FINANCIAL AID, AND MAY SUBJECT THE FILER(S) TO A FINE OR IMPRISONMENT, OR BOTH, UNDER THE PROVISIONS OF THE UNITED STATES CRIMINAL CODE.

_____ _____
Signature Date

SOF (2012 – 2013mv)