



San Bernardino
Valley College

Statement of Fact

RETURN TO:

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

Name of Financial Aid Applicant *(Please Print)*

Last **First** **Middle**

Date of Birth:

Last

First

Middle

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:

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/OR 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 _____