

2015-2016 Miscellaneous Self Certification Form

Last Name	First Name	MI	Student ID	Date of Birth
	d Office at San Bernard 5-2016 FAFSA Applicat	•	lege may use the inform	mation you provide on this form to
High School D	iploma—Equivalen	cy Statement	<u>t</u>	
I hav	e a high school diploma fro hich I received on:	om:(To be used t	to correct FAFSA only)	-
I hav	e a GED from:	which I	received on:	(To be used to correct FAFSA only)
	nded college prior to July 1 Proof must be provided to the			approved ability-to-benefit test (ATB).
	nded college prior to July 1 oplicable to a degree or cert			ve passed six credits of college work that are ollege.
Y	es No (ch		ease note the CA certifica	te of completion is not eligible)
Business Own	<u>ership</u>			
employees?	our spouse if married) or your spouse if married.	our parent(s) (if Γ	Dependent) have a business	s which employs 100 or more full-time
If yes, plea Declining Fina	ise indicate the net worth of incial Aid	that business: \$		
Plea	ase cancel my award(s) for	the <u>2015-2016</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	nd Signature			
official, I agree to	provide additional proof ag information on this f	f of the informat	tion provided on this for	ledge and belief. If asked by an authorized rm. I understand that purposely providing nent of aid, fines and/or imprisonment in
Student's Signat	ure	_	Date	<u> </u>