

## 2024-2025 Miscellaneous Self Certification Form

<b>Last Name</b>	First Name	MI	Student ID	Date of Birth	
on this form to u	ipdate your 2024-2025 I	FAFSA Applicat		ation you provide	
	Diploma—Equivaler	-	•		
				Dinlama was Famadi	
	High School City and State:  (To be used to correct FAFSA only)		Date Diploma was Earned:		
•		• /	hich I received on:	(To be used to correct FAFSA only)	
	ended college prior to July 1 Proof must be provided to t			proved ability-to-benefit test (ATB).	
			eviously determined to have San Bernardino Valley Colle	passed six credits of college work that are ege.	
I hav	ve passed a High School Pro	oficiency exam (pl	ease note the CA certificate	of completion is not eligible)	
Y	Yes No (ch	neck one)			
<b>Business Own</b>	<u>ership</u>				
employees		your parent(s) (if	Dependent) have a business	which employs 100 or more full-time	
If ves. ple	ase indicate the net worth o	f that business: \$			
Declining Fina		+ -			
	ase cancel my award(s) for	the <b>2024-2025</b> aw	ard year.		
<u>Other</u>					
Do	Documentation is being requested based on the information I provided on my FAFSA that I have submitted during a previous award year.				
Certification a	nd Signature				
			rmation reported is com nay be fined, sent to pr	plete and correct. WARNING: If you ison, or both.	
Student's Signa	ture	_	Date	_	