STATEMENT FORM

Student's Name_____

Student ID # (or Social Security #)_____

Please Note: Additional information may be required after this documentation is provided.

I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be the cause for termination of aid and repayment of funds received. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.

Student's Signature Date Parent's Signature Date