

## 2024–2025 Academic Year Financial Aid Affidavit

| Student Name: Last, First, Middle Initial  |   | RCSJ-Cumberland Student ID: |                              |                                     |                                   |
|--|---|-----------------------------|------------------------------|-------------------------------------|-----------------------------------|
| Phone:   |   | Date of Birth:              |                              |                                     |                                   |
| Address:   |   | City, State, ZIP Code:      |                              |                                     |                                   |
| Requirements: Initial to confirm each of the foll  I have attended a New Jersey high school for at le  |   | <u> </u>                    |                              | Initi                               | al                                |
| I have received or will receive a high school diploma equivalent, such as a High School Equivalency issued   | from a New Jersey hig                           |                             |                              | ned an                              | al                                |
| I am not a United States citizen or eligible non-citizen   |   | Initial                     |                              |                                     |                                   |
| High School Attendance:  |   |                             |                              |                                     |                                   |
| High School  | High School City                                |                             | State                        | Date of Attendance:<br>From MM/YYYY | Date of Attendance:<br>To MM/YYYY |
|  |   |                             |                              |                                     |                                   |
|  |   |                             |                              |                                     |                                   |
| Note: You must submit your Official High Scho  | ool Transcript(s) on                            | ce you ha                   | ve graduated                 | d if you have not alread            | y done so.                        |
| Affidavit:   |   |                             |                              |                                     |                                   |
| By signing this document below, I hereby st application to legalize my immigration state   |   |                             |                              |                                     |                                   |
| Declaration of True and Accurate Inform  | ation:  |                             |                              |                                     |                                   |
| I, the undersigned, declare that the informa information will be used to determine my e above information is found to be false, I wil and may be subject to disciplinary action by | eligibility for the tu<br>Il be liable for payı | uition exe                  | emption. I f<br>all nonresid | urther understand th                | at if any of the                  |
|  |   |                             |                              |                                     |                                   |
| Student's Signature  |   |                             |                              | Date                                |                                   |

RCSJ Office of Financial Aid, Cumberland Campus 3322 College Dr., Vineland, NJ 08360 financialaid@cc.rcsj.edu