

## **Cal Grant Affidavit for California Dream Act**

## For Eligible California High School Graduates

Complete and sign this form. You must submit any documentation required by the University of San Francisco (for example, proof of high school attendance in California).

## **ELIGIBILITY:**

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I, the undersigned, declare the following:											
Check YES or NO boxes:											
Yes ☐ No ☐	I have graduated from a California high school or have attained the equivalent thereof, such as a High School Equivalency Certificate, issued by the California State GED Office or a Certificate of										
<u>_</u>	Proficiency, resulting from the California High School Proficiency Examination.										
Yes	I have either:	chool in Cali	alifornia for three or more years or								
No 🗌	<ul> <li>attended high school in California for three or more years, or</li> <li>attained credits earned in California from a California high school equivalent to three or more</li> </ul>										
		years of full-time high school course work and attended a combination of elementary, middle,									
			nia for a total of three o								
			, middle, and/or high s			ornia.					
Documentation of h	igh school attenda	nce and gra	duation (or its equival	ent) is require	ed.						
Scho	ol		City	State	Dates: From-Month/Year To- Month/Year						
				California							
				California							
				California California							
				Camornia		ı					
Check the box tha											
exchange visit	exchange visitor (J visa)]. Please note that the students who are nonimmigrant aliens are not eligible for California Dream Act/Cal Grant funding.										
_	I am NOT a nonimmigrant alien (including, but not limited to, a U.S. citizen, permanent resident, Deferred Action for Childhood Arrivals (DACA) grantees, or aliens without lawful immigration status).										
AFFIDAVIT:											
I, the undersigned, declare penalty or perjury under the laws of the State of California that the information I have provided on this form is true and accurate. I understand that this information will be used to determine my eligibility for Cal Grant application for eligible California high school graduates. I hereby declare that, if I am an alien without lawful immigration status, I have filed an application to legalize my immigration status or will file an application as soon as I am eligible to do so. I further understand that if any of the above information is untrue, I may be subject to disciplinary action by the University.											
Print Full Name (as it appear		records)	Student Identification Number								
Print Full Mailing Address (N	umber, Street, City, State,	Zip Code)	Email Address  Phone Number								
Signature			Date								