Chaffey College Office of Financial Aid
Award Year: 2015-2016

Statement of Fact information

Student Name: ________________________________
Student ID #: ________________________________

High School Diploma—Equivalency Statement

____ I have a high school diploma from: ___________________________
    which I received on: ________ (To be used to correct FAFSA only)

____ I have a GED from: ___________________________ which I received on: ________ (To be used to correct FAFSA only)

____ I previously passed a Department-Approved ability-to-benefit test (ATB).

____ I was previously determined to have passed six credits of college work that are applicable to a degree or
    certificate offered by Chaffey College.

____ I have passed a High School Proficiency exam (please note the CA certificate of completion is not eligible)
    Yes_______ No_______ (check one)

Business

Do you or your parents have a business which employs 100 or more full-time employees?
    Yes _____ No _____
    If yes, please indicate the net worth of that business: $ __________

Bachelor’s Degree Resolution

When you filed your FAFSA, you either left the bachelor’s degree question blank, reported that you have a bachelor’s degree and/or that you are currently enrolled for the purpose of obtaining a degree beyond a bachelor’s. There is conflicting information with the information you reported on your FAFSA. Please complete the following:

____ At the beginning of the 2015-2016 award year, will you be working on a master’s
    or doctorate degree?   Yes_______ No_______ (check one)

____ I have a bachelor’s degree or will receive one before July 1, 2015?

____ I do not have a bachelor’s Degree

Other

____ “C-Code” is coming up on current FAFSA for citizenship that is already in students ______ year file.

Awards

____ Please cancel my award(s) for _______ year.

I certify, under penalty of perjury, that the information reported on this form and any attachments hereto is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature (if applicable) ________________________________ Date________________