



2020-2021 HIGH SCHOOL COMPLETION & IDENTITY FORM #6

Phone: (559) 325-5239 Fax: (559) 499-6063 Address: 10309 N. Willow Ave. Email: clovis.financialaid@sccd.edu

STUDENT NAME: _____ ID#: _____

ADDRESS: _____ PHONE #: _____

Your 2020-2021 FAFSA was selected for verification. The law states that, before awarding Federal Student Aid, we must ask you to confirm certain information reported on your FAFSA. To verify that you provided correct information we will compare your FAFSA with the information on this form and with any other documents you submit. You must complete and sign this form, attach any required documents, and submit to the Financial Aid Office.

HIGH SCHOOL GRADUATION STATUS; CHECK ONE BOX:

- I HAVE A HIGH SCHOOL DIPLOMA.** You must submit your high school diploma or your final high school transcript that shows the date you graduated.
- I PASSED THE GENERAL EDUCATIONAL DEVELOPMENT (GED) OR CALIFORNIA HIGH SCHOOL PROFICIENCY EXAM (CHSPE).** You must submit your GED Certificate OR CHSPE test results.
- I WAS HOMESCHOOLED.** You must submit a home-school transcript with completed course list and documenting successful completion of a secondary school education, signed by a parent or guardian.
- I HAVE COMPLETED A TWO-YEAR PROGRAM.** You must submit an official academic transcript indicating you successfully completed at least a two-year program that is acceptable for full credit toward a bachelor's degree.
- I AM NOT A HIGH SCHOOL GRADUATE.** You are not eligible to receive federal financial aid at this time. Please contact the Financial Aid Office (559) 325-5239 to discuss your options

IDENTITY CONFIRMATION AND STATEMENT OF EDUCATION PURPOSE:

PLEASE ATTACH: A copy of your government-issued photo identification. This can include: drivers license, identification card, or U.S. Passport.

Statement of Educational Purpose

I certify that I, _____, am the individual signing this Statement of Educational Purpose
Full Name
and that the financial assistance I receive will only be used for educational purposes and to pay the cost of attending Clovis Community College, and all State Center Community College District campuses, for the 2020-2021 academic year.

Student's Signature _____ Date _____

STATEMENT OF EDUCATIONAL PURPOSE (FOR FINANCIAL AID OFFICE USE ONLY)

I have reviewed the valid photo-I. D. for the student listed above and have attached a copy of the I.D. to this form.

Financial Aid Office Signature:

_____ Date _____