



Financial Aid Intake Form

Self-Certification

I hereby certify under penalty of perjury, that the following information is true:

I attest that the information stated above is true and accurate, and I understand if the above information is misrepresented or incomplete, may be grounds for immediate termination of Workforce Solutions services and/or penalties as specified by law.

Signature

Date: MM/DD/YYYY

Signature of Parent or Legal Guardian

Phone Number

Address

The above self-certification documents the following eligibility criteria:

Certification

I certify the information recorded on this form was provided by the individual(s) whose signature(s) appear above.

Workforce Solutions Staff Signature: _____

Printed Name: _____ Date: ____/____/____