

**Office of Financial Aid**

501 Varsity Road 1533 Hwy 19 South

Griffin, GA 30223 Thomaston, GA 30286

770-228-7368 p 706-646-6386 p

770-229-3029 f 706-646-6063 f

**2019-2020 High School Graduation Self-Certification**

**Please Type or Print clearly in BLUE or BLACK ink**

**Student’s Information**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Last Name Student’s First Name Student’s M.I. Southern Crescent Student ID #

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Street Address (include apt. no.) Student’s Date of Birth

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State Zip Code Student’s Email Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Home Phone Number (include area code) Student’s Alternate or Cell Phone Number

What will your high school completion status be when you begin college in the 2019-2020 school year (check box below):

* I certify that I have graduated from high school:

 High School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 High School City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 High School State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I certify that I have successfully complete a General Education Development (GED) program.
* I certify that I have successfully completed a homeschool
* None of the above

Will you have your first bachelor’s degree before you begin the 2019-2020 school year?

Yes \_\_\_\_\_\_\_\_\_\_\_\_\_

 No \_\_\_\_\_\_\_\_\_\_\_\_\_

If the student is unable to obtain the documentation listed above, he or she must contact the Office of Financial Aid.

**Certification and Signature**

Each person signing below certifies that all of the information reported in this worksheet is complete and correct. The student must sign this worksheet.

**WARNING: If you purposely give false or misleading information on this worksheet,
you may be fined, be sentenced to jail, or both.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Student’s Signature Date

**Please submit this worksheet to the Office of Financial Aid**