

**Hudson County Community College
Office of Student Financial Assistance**

70 Sip Avenue Jersey City, NJ 07306
Tel No. (201)360-4200 Email: financial_aid@hccc.edu

**NJ Alternative Financial Aid Application
Affidavit
2018-2019**

STUDENT NAME: _____ STUDENT ID: _____

Note: You must submit with this Affidavit your **official high school transcript(s)** including all courses and grades to date. If you have already graduated from high school, you must submit your final official high school transcript.

AFFIDAVIT

By signing this document below, I hereby state that if I am a non-citizen 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.

DECLARATION OF TRUE AND ACCURATE INFORMATION

I, the undersigned, declare 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 the tuition exemption. I further understand that if any of the above information is found to be false, I will be liable for payment of all nonresident charges from which I was exempted and may be subject to disciplinary action by the College.

PRINT NAME AS IT APPEARS ON YOUR ADMISSIONS APPLICATION OR SCHOOL RECORDS

SIGNATURE

DATE