

# California Dream Act Affidavit

*For Eligible California High School Graduates  
(The law passed by the Legislature in 2001 as "AB 540")*

Complete and sign this form for Dream Act eligibility. You must submit any documentation required by Holy Names University (for example, proof of high school attendance in California). Contact the Student Financial Assistance for instructions on documentation, additional procedures and applicable deadlines.

**ELIGIBILITY:**

I, the undersigned, have completed the California Dream Application for eligible California high school graduates at Holy Names University and I declare the following:

**Check YES or NO boxes:**

Yes       No

I have graduated from a California high school or have attained the equivalent thereof, such as a High School Equivalency Certificate issued by the California State GED Office or a Certificate of Proficiency, resulting from the California High School Proficiency Examination

Yes       No

I have attended high school in California for three or more years.

**Provide information on all school(s) you attended in grades 9 - 12:**

School	City	State	From - Month/Year	To - Month/Year

Documentation of high school attendance and graduation (or its equivalent) is required for California Dream Act eligibility.

**Check the box that applies to you -- check only one box:**

I am a nonimmigrant alien as defined by federal law, (including, but not limited to, a foreign student [F visa] or exchange visitor [J visa]).

OR

I am NOT a nonimmigrant alien (including, but not limited to, a U.S. citizen, permanent resident, or an alien without lawful immigration status).

**AFFIDAVIT:**

I, the undersigned, declare under penalty of perjury under the laws of the State of California 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 financial aid available under the California Dream Act. I hereby declare that, if I am an alien 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. I further understand that if any of the above information is untrue, I will be liable for payment of all California aid awarded under the California Dream Act and may be subject to disciplinary action by the College or University.

Print Full Name (as it appears on your campus student records)	Campus Student Identification Number
Print Full Mailing Address (Number, Street, City, State, Zip Code)	Email Address (Optional)  Phone Number (Optional)
Signature	Date