



Mercer County Community College

OFFICE OF FINANCIAL AID NON-RESIDENT AFFIDAVIT

NAME: Last	First	M.I.	7 Digit MCCC ID # <div style="display: flex; justify-content: space-around; width: 100%;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div>
PHONE:		MCCC EMAIL:	

This form is required to request exemption from out-of-state tuition under the auspices of the New Jersey DREAM Act and accompanying statute P.L.2013, c.170 (C.18A:62-4.4).

Completed forms should be submitted to:

Office of Financial Aid, Mercer County Community College, 1200 Old Trenton Road, West Windsor, NJ 08550
 Email: finaid@mccc.edu or via fax: 609-570-3888

Please complete this form and sign below:

A) REQUIREMENTS: Initial to confirm each of the following statements:

I have attended a New Jersey high school for at least three years INITIAL _____

I have received or will receive a high school diploma from a New Jersey high school, or have attained an equivalent, such as a High School Equivalency issued by the State of New Jersey (GED) INITIAL _____

I am NOT a non-immigrant alien holding a currently valid visa. (Federal law defines a non-immigrant as a person admitted temporarily to the United States with any of the following visas: A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, TN, TD, , V, TROV, NATO, or other non-immigrant visas) INITIAL _____

B) HIGH SCHOOL ATTENDANCE: (Please attach High School Transcript)

High School	City	State	Dates of Attendance	
			FROM MM/YY	TO MM/YY

C) AFFIDAVIT:

I, the undersigned, hereby state that I am a non-citizen without lawful immigration documents; and I have filed an application for legalized immigration status or will file an application as soon as I am eligible to do so.

D) STATEMENT OF TRUE AND ACCURATE INFORMATION:

I, the undersigned, declare that the information provided on this form, which will be used to determine my eligibility for out-of-state tuition exemption, is TRUE and ACCURATE. I understand that if any of this information is false, I will be held responsible for the payment of all out-of-state charges from which I have been 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