



**CERTIFICATION:** To be signed by the Counselor, Advisor or Financial Aid Officer who assisted in the preparation of this form.

**I HAVE REVIEWED THIS FORM WITH THE APPLICANT AND BELIEVE THAT THE INFORMATION IS COMPLETE AND ACCURATE. THE APPLICANT IS IN GOOD STANDING AND ACCEPTED FOR ADMISSION TO THE ACCREDITED POST-SECONDARY INSTITUTIONAL FINANCIAL ASSISTANCE PROGRAMS FROM WHICH HE OR SHE IS ELIGIBLE TO RECEIVE FUNDING.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
official

**TITLE:** \_\_\_\_\_ **seal** **DATE:** \_\_\_\_\_

**This form must be received by the COM-FSM Scholarship Board no later than (Given Date), 2018)**