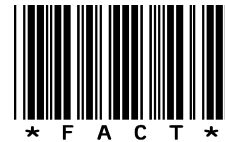




2014 – 2015 Statement of Fact



Please check campus: Cañada College College of San Mateo Skyline College

A. Student Information

Last Name	First Name	M.I.	Student ID Number	
Street Address	City	ST	Zip	Phone Number

B. Statement

If statement is continued on another page, please check box

C. Certification and Signature

By signing below you certify that all of the information reported on this form is complete and correct.

Student Signature	Date
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Must submit with valid photo ID

Cañada College	(650) 306-3307
College of San Mateo	(650) 574-6147
Skyline College	(650) 738-4236

IMPORTANT
Please use black or blue ink if completing by hand. This document will be scanned into your financial aid file.