



This document is for internal use only by Vanguard University and will not be shared with any federal agency. The information obtained will be kept completely confidential. This information is required to confirm your status as an AB-540* student to determine your eligibility for California state financial aid programs. It is also intended to ensure that students who are eligible to become U.S. Permanent Residents will apply to update their immigration status as soon as possible. Obtaining U.S. Permanent Resident status may qualify a student to receive other forms of financial aid. Complete and sign this form to request state aid. You must also submit any document required by VU (example, proof of California high school completion).

*AB-540 is a California legislative term that refers to students who have grown up and attended high school in the U.S., and are not U.S. permanent residents or citizens. Additional information can be found online at <https://www.csac.ca.gov/post/california-nonresident-tuition-exemption>.

Name: _____

Student ID: _____

A. ELIGIBILITY

I am applying for state aid for eligible California high school graduates at Vanguard University and I declare that:

- Yes I have graduated from a California high school or earned the equivalent (examples, can provide proof of passing the California High School Proficiency Examination or other High School Equivalency Certificate)
- No I did not graduate from a California High School or an equivalent
- Yes I have attended high school in California for 3 or more years
- No I have not attended high school in California for 3 or more years
- Yes I am a non-immigrant alien as defined by federal law, [including, but not limited to, a foreign student (F visa) or exchange visitor (J visa)].
- Yes I am NOT a non-immigrant alien (including, but not limited to, a U.S citizen, permanent resident, or an alien without lawful immigration status.)

B. LIST ALL SCHOOLS ATTENDED GRADES 9-12

Documentation of high school graduation or its equivalent must be submitted to the Admission Office.

SCHOOL NAME	CITY, STATE	DATES ATTENDED FROM - TO

C. 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 eligibility for California state aid for California high school graduates. I 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 to repay all financial aid that was received and may be subject to disciplinary action by Vanguard University in accordance with the Student Handbook.

Student Name (Please print) : _____

Full mailing address: _____

Student email address: _____ Student phone number: (_____) _____

Student Signature: _____ Date: _____

****Electronic signature not accepted***