



New Jersey Dreamer's Checklist

STUDENT INFORMATION (PRINT CLEARLY)	
STUDENT LAST NAME:	
STUDENT FIRST NAME:	
HESAA ID:	
HIGH SCHOOL STATE ID:	
ECC STUDENT ID:	
TODAY'S DATE:	

The New Jersey Alternative Financial Aid Application allows undocumented students enrolled in eligible New Jersey colleges and universities to apply for state financial aid.

Who should complete the New Jersey Alternative Financial Aid Application?

If you are **not** a United States citizen or eligible noncitizen and meet all of the following criteria:

- Attended a New Jersey high school for at least three (3) years
- Graduated from a New Jersey high school **or** received the equivalent of a high school diploma in New Jersey
- Are able to file an affidavit stating that you will file an application to legalize your immigration status **or** will file an application as soon you are eligible to do so

DOCUMENTS CHECKLIST	
<input type="checkbox"/>	Official High School Transcript (Must be submitted to Essex County College)
<input type="checkbox"/>	Affidavit Form (Must be submitted to Essex County College)



Affidavit

New Jersey State Aid for New Jersey Dreamers

I, _____ have submitted with this Affidavit an official high school
(Print Name)

transcript(s) including all courses and grades to date.

If I have already graduated from high school, I have submitted a final official high school transcript.

I understand that the NJ Higher Education has the authority to verify information reported to Essex County College.

By signing this document below, I hereby state that if I am a non-citizen 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.

DECLARATION OF TRUE AND ACCURATE INFORMATION

I, the undersigned have read and understand the conditions of the NJ State Aid for New Jersey Dreamers. I declare that the information I have provided on this form is true and accurate. I certify that I understand that this information will be used to determine my eligibility for State Aid. I further understand that if any of the above information is found to be false, I will be liable for payment of all charges and may be subject to disciplinary action by the State of New Jersey.

I, _____
(Student's Signature)

(Date)

(Student's ID Number)

(HESAA ID)