

## OFFICE OF FINANCIAL AID AND SCHOLARSHIPS AFFIDAVIT OF INTENT

 ${\bf Students\ who\ submit\ the\ Illinois\ Alternative\ Application\ must\ complete\ this\ affidavit.}$ 

## **AFFIDAVIT INSTRUCTIONS:**

- 1. This Affidavit must be fully and properly completed (please use ink and must be in English).
- 2. This Affidavit must be signed and dated before financial aid can be paid at EIU.

## **GENERAL INFORMATION**

Applicant's Name				
Last Name:	Given or First Name:			
Address				
Street Address:				
City:	State:	ZIP Code:		
Declaration of Intent and Certification				
I,(Student)	, a citizen of	(2)		
(Student)		(Country)		
the earliest opportunity. I am required to do so in order  I resided with my parent(s) or guardian(s) while attendi			were):	
Check all that apply:				
I graduated from a high school in the United S	States or received the equivaler	nt of a high school diploma.		
I attended this high school for at least 3 years	•			
	I authorize Eastern Illinois University to verify my statements in this affidavit. I consent to the disclosure of information by any			
high school I have attended concerning my residual	dence and that of my parent(s)	or guardian(s).		
I certify that all information provided on this affidavit an	d on the attached documents (if	f any) proving my intent to become a perm	nanent	
United States resident is true and valid. I further certify	that I understand this affidavit	is a binding document.		
Student Signature:		Date:		