

**WESTFIELD STATE UNIVERSITY**  
**Student Affidavit**

The following information must be completed to be eligible to receive any aid under any Massachusetts Financial Aid Program. This includes all Categorical Tuition Waiver Programs. Failure to submit this form will result in the cancellation of the aid awarded.

\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student ID (A#)

**STUDENT CERTIFICATION:**

\_\_\_\_\_ I certify that I am a permanent legal resident of Massachusetts for at least one year prior to the opening of the current academic year.

\_\_\_\_\_ I certify that I am a United States citizen or eligible noncitizen.

\_\_\_\_\_ I certify that I do not owe a refund on any previously received federal or state financial aid.

\_\_\_\_\_ I certify that I am not currently in default on any federal or state loans for attendance at any institutions.

**STATEMENT OF REGISTRATION STATUS:**

\_\_\_\_\_ I certify that I am registered with the Selective Service.

\_\_\_\_\_ I certify that I am not required to be registered with the Selective Service because:

\_\_\_\_\_ I am female.

\_\_\_\_\_ I am in the armed services on active duty (note: does not apply to members of the Reserves and National Guard who are not on active duty).

\_\_\_\_\_ I have not reached my 18<sup>th</sup> birthday.

\_\_\_\_\_ I was born before 1960.

\_\_\_\_\_ I am a resident of the Federated States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

**I certify that all the information provided above is complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date