

Financial Aid Office PO Box 496006, Redding, CA 96049-6006 Phone: (530) 242-7700

(Type on this form or print legibly with black or blue ink)

Form HSC

Phone: (530) 242-7700			Home School Certification	
			Office Use Only	
Firs	t Name:	Student ID#:		
Last	Name:	Date of Birth:		
	eceive federal student aid funds, a home schoole andary level. A student qualifies if he /she can me		-	
Atta	ach a copy of your:			
	High School Diploma			
	Final high school transcripts, including graduate	tion date		
	GED certificate or transcript			
	Home School Diploma			
	CHSPE, HiSET, or TASC (CA State Equivalency)			
	State Equivalency (Other than CA)			
	None of the Above			
By s	igning below I certify that the information I have	given on this form is correct.		
Student Signature:		Date:		

This form contains personally identifiable information. It is important to safeguard your information. *Do not mail this form to the U.S. Department of Education. Submit this form in person to Shasta College Financial Aid Office Room 139 or mail through the U.S. Postal Service to Shasta College, PO Box 496006, Redding, CA 96049-6006.* Make a copy of this form for your records.

Updated 9/25/17

A "wet" signature is required. Typed signatures cannot be accepted.