
SECTION C: Certification: To be completed by the high school principal/district personnel or designee.

I certify that I have reviewed this form and the information provided is true and correct.

Signature of High School Principal/District Personnel or Designee: _____

Name of High School Principal/District Personnel or Designee: _____
Print or Type

Date (mm/dd/yyyy): ____/____/____

Name of High School or GED Program student attends: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ E-mail Address: _____

School District: _____

**(Not Valid Without District or School's
Seal or Return Address Stamp)**



**This form is required as a part of the 2012-13 Florida Financial Aid Application
and must be postmarked to OSFA by May 15.**

Florida Department of Education
Office of Student Financial Assistance
State Scholarship & Grant Programs
325 W. Gaines Street, Suite 1314
Tallahassee, FL 32399-0400