



2021-2022 EDUCATIONAL HISTORY FORM #3

Madera CCC: (559) 675-4800 Oakhurst CCC: (559) 683-3940 Fax: (800) 643-0518 Email: mc.finaid@sccd.edu

NAME: _____ SSN or ID #: _____

HIGH SCHOOL INFORMATION

Check the ONE box that best describes your high school graduation status.

- I am currently attending high school. Anticipated graduation date: ____/____/____
 I am a high school graduate. Graduation date: ____/____/____
 Name of high school: _____ City/State: _____
- I passed the General Educational Development (GED) Test. Date passed: ____/____/____
- I completed the equivalent to a high school diploma in a foreign country.
 Name of country: _____ Graduation date: ____/____/____
- I passed the California High School Proficiency Examination (CHSPE). Date passed: ____/____/____
- I am not a high school graduate, and I have not met the requirements for any of the equivalencies listed above.

PRIOR COLLEGE HISTORY

List all other colleges you have attended, even if you did not receive financial aid while attending that school. You must submit **official** academic transcripts from each school listed below to the Madera College Admissions and Records Office. Madera College Financial Aid Office reserves the right to require evaluation of all academic transcripts **before** your financial aid is awarded.

- I have not attended any other colleges besides at State Center Community College District.
- I have attended the following college(s):

Name of College	Dates Attended	Number of Units Attempted	Type of Degree/Certificate Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a BA/BS degree or beyond in the U.S. or in a foreign country? Yes No

Are you currently enrolled in a Master's or Doctorate Program? Yes No

STUDENT CERTIFICATION

I certify under penalty of perjury under the laws of California, that the information I have reported above is true and correct. False statements, undisclosed information, or misrepresentation is cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Student Signature: _____ Date: _____