



Student Name:	Student SSN:
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You have been awarded a State of Washington Need Grant. In order to receive this grant, you must certify that you will comply with the conditions of award by signing the statement below.

**I, the undersigned, certify that:**  
(please check all boxes that apply to you)

I am a **resident of the State of Washington**, in accordance with RCW 28B.15.011-013;

I am **registered** at this institution as **at least a half-time** undergraduate student and am making satisfactory progress toward completion of my degree or program objective. In addition, I must complete the minimum required credit load each semester I am an enrolled, per the Washington State Need Grant Satisfactory Academic Progress Policy, or I must make up the deficit credits the semester following the deficit;

I have applied for a federal Pell Grant;

I **do not** owe a refund or repayment on a State Need Grant, a Pell Grant, or a Supplemental Educational Opportunity Grant, nor am I in default on a loan made, insured, or guaranteed under the Perkins, National Direct, or Federal Family Education Loan Programs. In addition, I am not in default on a loan made through a state conditional loan program;

I **agree to notify** the Financial Aid Office immediately of any change in my address or in my financial status;

I **understand** that this grant is awarded to **assist in meeting educational expenses** and should I withdraw from classes, repayment of all or a part of the grant may be required;

I understand that when I am able, I **can voluntarily make financial contributions to the Higher Education Coordinating Board in recognition of this State Need Grant**, and that these gifts will be used to provide financial assistance to other students; and

I **understand** that the offer of a State Need Grant is subject to, and conditioned upon the availability of funds. Further, I **agree that the Higher Education Coordinating Board and this institution** reserve the right to withdraw, reduce, or modify the grant due to funding limitations or due to changes in circumstances which affect my eligibility for the State Need Grant.

Student Signature:	Date:
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For Office Use Only		
Checks sent to business office:	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring
Disbursement Date: _____/_____/_____	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring <input type="checkbox"/> Summer