CERTIFICATION

| plicant's Name: | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| dress: | |
| cial Security Number: | |
| I. I understand that the Virgin Islands Academic and Cultural Awards Endowment (the "Endowment") and the University of the Virgin Islands (the "University") will rely upon the information contained in this certification for purposes of establishing my residency and as justification for my application for funding, as a condition to awarding me finance assistance. I hereby authorize the Endowment and the University to verify the information I have provided. I agree to notify the proper officials at both the University and the Endowment of any changes in the information provided. | cial |
| II. I hereby certify that I am a U.S. Citizen, or permanent resident alien, and I have been a resident of the United States Virginals and have so resided therein for a minimum of ten (10) years. I further certify that I have resided in the United State Virgin Islands for at least five (5) years immediately preceding the submission of my application for funding from t Endowment. I certify that the information is true and correct as of the date of submission of my application for funding from the Endowment. | tes he |
| III. I certify that my application for funding from the Endowment is submitted based on: | |
| my significant contribution to the Virgin Islands through government service or otherwise. [If Applicant has selected this box, please explain further below] | |
| financial need in order to pursue a professional, graduate or other studies or research or to engage in a cultur project. [If Applicant has selected this box, please explain further below] | al |
| Explanation of Section III: | |
| IV. I certify that the information contained in my application is complete and correct and I understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of funding, cancellation of funding, or appropriate legal action. | : |
| ted: | |
| APPLICANT: | |
| Witness | |
| Witness | |
| BSCRIBED AND SWORN TO FORE ME THIS DAY OF, 20 by, | |
| own to me or satisfactorily proven by presentation of identification in the form of | |
| TARY PUBLIC | |
| ARD APPROVED 10/28/08] | |