

Higher Education Equal Opportunity Act (Act 101) Program

2019–20 Institution Certification Statement

Name of Institution: _____ (“Institution”) OE Code: _____

The undersigned, being a duly authorized representative and signatory of the Institution, does hereby certify and acknowledge, on behalf of Institution, but without personal liability, that:

1. Except as previously disclosed, or disclosed to PHEAA in conjunction with provision to PHEAA of this 2019-20 Institution Certification Statement (“Certification”), all of the following Act 101 Program requirements were met by the Institution during the 2019-20 year:
 - Verification of PA domicile of each Act 101 student.
 - Verification of the economic and educational eligibility of each Act 101 student.
 - Verification of the eligibility of the Institution to participate.
 - Verification that students of the Institution who were new to the Act 101 Program were provided with an orientation of the Program.
 - Verification that a written agreement that clearly delineates both the academic and financial commitment that the Institution is making to the student was executed by the Institution and each Act 101 student.
 - Verification that Program staff met with each Act 101 student at least once each academic term to review his or her needs and the service delivery plan for that student.
 - Verification that the Institution has planned a two-year commitment (or, alternatively, a one-year commitment if Institution is a two-year institution) to all Act 101 students entering the Institution’s Program.
 - Verification that the Institution complied with the 2019-20 Program Guidelines provided by PHEAA, as may have been supplemented or excepted by PHEAA in writing, relating to this Program.
2. Any allocation to the Institution for the 2019-20 year for the Program that is not expended by June 30, 2020, will be returned to PHEAA no later than September 30, 2020, unless otherwise authorized by PHEAA in writing.
3. Any information provided on this Certification that is deemed to be false may result in the Institution’s ineligibility for the Program and immediate termination of its Program Agreement with PHEAA.

This Certification has been examined by me, and to the best of my information, knowledge and belief, the information within is true and correct.

Institution: _____

Signature: _____

Print Name: _____

Title: _____

Date: _____