



2026-2027 Signed Statement

Section A: Student Information

Last Name:

First Name:

Middle Initial:

Student ID Number (EMPLID):

Last 4 Digits of Social Security Number:

Phone Number:

Student Email Address:

Section B: Please complete the information below.

Note: The Financial Aid Office reserves the right to request additional documentation, if needed.

Required Signatures

Student Signature:

Date:

Parent Signature (Dependent students only):

Date:

Completed forms can be emailed to financialaid@brightpoint.edu, faxed to 804-594-1630, or submitted in person by visiting the Financial Aid Office.

Office of Financial Aid: 13101 Route 1, Chester VA 23831

Please note: *Typed signatures are not accepted. You must sign providing written signatures on documents before submission.*