

CAL GRANT REQUEST TO RECEIVE FUNDS OR TO PLACE ON HOLD FOR 2019-2020 SCHOOL YEAR

For students who have close to 2 or less years of Cal Grant remaining (200%)

STUDENT: MUST COMPLETE SECTION 1 OR SECTION 2

1. CAL GRANT B DECLINE FORM

Students are limited to receive a Cal Grant for a maximum *400% (*equivalent to 4 Full-Time years*). Cal Grant B payments received are added together for all colleges attended in California to determine the percentage received.

According to My Web Grants account (<https://mygrantinfo.csac.ca.gov>), I have received _____ percent of my Cal Grant B.

This leaves me with _____ percent of remaining Cal Grant or approximately _____ full time equivalent years.

Since my plan is to transfer, I wish to reserve my remaining Cal Grant for my transfer institution so that my Cal Grant will be available to pay for my enrollment/tuition fees at a California four year university.

Please initial your choice of action and sign at the bottom:

_____ I would like to put my Cal Grant on *permanent hold* at Las Positas beginning [] Fall 2019 [] Spring 2020

_____ I would like to put my Cal Grant on hold at Las Positas for the following terms only:

___ Fall 2019

___ Spring 2020

2. CAL GRANT B ACCEPT FORM

According to My Web Grants account (<https://mygrantinfo.csac.ca.gov>), I have received _____ percent of my Cal Grant B.

This leaves me with _____ percent of remaining Cal Grant or approximately _____ full time equivalent years.

I acknowledge that I choose to receive my Cal Grant while attending Las Positas College this year. Either I do not intend to transfer, or if I intend to transfer, I prefer not to save my Cal Grant to pay for tuition at my transfer institution. I understand I will be forfeiting the ability to have my Cal Grant pay for my tuition upon transfer if I accept the funds while in community college. I further acknowledge that tuition is currently averaging \$7000 - \$14,000/year at a four year California public university and I understand that my Cal Grant would have directly paid for my tuition if I saved it.

Please initial one of the following choices and sign at the bottom:

_____ I do not intend to transfer and I wish to receive my remaining Cal Grant at Las Positas

_____ I do intend to transfer, but I choose to receive my remaining Cal Grant at Las Positas

For fall only

For spring only

For both fall and spring

STUDENT: MUST COMPLETE SIGNATURE SECTION

Student Name: _____

Student ID # _____

Student Signature: _____

Date: _____

For Financial Aid Office use only: Processed _____ Processor _____ Date _____

Comments: _____