

Cal Grant GPA Verification Form For U I F
" D B E F N F J B S 20 -2

Please } u % o o š v š } C E Q • u E] š Z / Ž

MARCH 2 W Z / K E A D L I N E : This form must be emailed or postmarked Ç March 2, 202 ĩ to be co v •] C E on time. Students who miss th deadline may appear for late consideration. * etails on item 8 of page 3.

SEPTEMBER 2 > / & K K D / D h E / d K > > ' DEADLINE: This form must be emailed or postmarked Ç September 2, 202 ĩ to be co v •] C E on time. Students who miss th deadline may appear for late consideration. * etails on item õ of page 3. µ C E C E v š &) C E š (C E u z } µ š Z u Ç C E E š] Å v j ((š Z • Ç < µ š Z (Ç o Ž ' C E v š () C E & } • š C E z } µ š Z

Your name – last first, middle initial, as it is
o] • š n your Social Security Card or Birth
C E š] š] v Financial Aid Application X

_____ Last name _____ First name _____ MI _____

đ • Ž Your email address: _____

ñ • Ž Your permanent mailing address: (Street, city, state, and zip code)

_____ Street _____

_____ City _____ State _____ Zip Code _____

ò • Ž Your phone number _____

ó • Check this box if you are submitting a SAT, ACT, GED, TASC or HiSET test score

STUDENT INFORMATION SECTION.

í XEnter the month and year you graduated, or plan to graduate from high school.

î XEnter your birth date in month/day/year format.

ï XPrint your full name as it appears on your Social Security card, if you do not have a Social Security card, print your name as it appears on your Birth Certificate. Enter the year of