

DEADLINE: MARCH 2, 2015 (POSTMARKED)**For 2015-16 Academic Year**

DO NOT SEND ACADEMIC TRANSCRIPTS

(SEE BACK OF FORM FOR INSTRUCTIONS)

**TO BE FILLED OUT BY STUDENT**

Please print clearly using *blue* or *black* ink only.

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| <p>1. Your Social Security number or Dream Act ID number: <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></p> <p>Re-enter your Social Security or Dream Act ID number: <input style="width: 100px; height: 30px; border: 1px solid black;" type="text"/></p> | <p>2. Month/year of high school graduation <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 30px; border: 1px solid black;" type="text"/></p> <p>(If currently a HS senior, anticipated date)</p> |
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3. Your name — last, first, middle initial, as it is listed on your Social Security card and FAFSA:

4. Your date of birth:

5. Telephone number: () -

6. Your permanent mailing address:

7. Your e-mail address, if available:

8. Fill in bubble if you are submitting a SAT, ACT or GED test score instead of a GPA. ☐

Attach your applicable test score to this form, transcripts will not be accepted. You do not have to have your school fill out the FOR SCHOOL USE ONLY section

9. **STUDENT CERTIFICATION:** I have read the instructions and information accompanying this form. I understand that this Cal Grant GPA Verification Form is used to determine Cal Grant eligibility and the GPA must be calculated as described on the attached GPA Calculation Instruction sheet. The information I have completed is true to the best of my knowledge, and I understand that it is illegal to report false or misleading information. I understand that without a valid Social Security number and signature, this form will not be considered valid.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

CSAC USE ONLY



Student Signature

Date _____

FOR SCHOOL USE ONLY (High schools MUST be fully accredited by the Western Association of Schools and Colleges [WASC] or an equivalent regional accreditation agency to certify a Cal Grant high school GPA)

[illegible]

GPA IS BASED ON HIGH SCHOOL COURSEWORK? ☐

CALIFORNIA COMMUNITY COLLEGE REESTABLISHED GPA?

GPA VERIFIER'S SCHOOL CODE:

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. GPA CANNOT BE ABOVE 4.00

The signature of the high school or college official certifies, under penalty of perjury, that the GPA is calculated as described on the attached GPA Calculation Instruction sheet. The signature of a high school official also certifies that his or her high school is fully accredited by the WASC or other regional accrediting agency, or has a UC-approved course list as required by California regulations. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



Signature of School Official

Name of School

Title of School Official

Street Address of School

Date _____

E-mail Address

City

State

Zip Code

Mail completed form to: California Student Aid Commission, Cal Grant Operations, P.O. Box 419077, Rancho Cordova, CA 95741-9077

Instructions for filling out the Cal Grant GPA Verification Form

STUDENT INFORMATION SECTION. Please print clearly using blue or black ink only. Filing deadline for 2015-16 awards is March 2, 2015

1. *Your Social Security number or DREAM Act ID Number:* Enter your Social Security number (SSN) as it appears on your Social Security card and your FAFSA. (Valid SSNs do not begin with 9 or 000. If you believe your SSN begins with an 9 or 000, then contact your local Social Security Office to verify your number.) Individual Tax Identification Numbers (ITIN) are not accepted. If you are a Dream Act Applicant and do not have a valid SSN, please enter your DREAM Act ID number which was given to you when you completed your Dream Act Application.
2. *Month/year of high school graduation:* Enter the month and year you graduated, or plan to graduate from high school. Enter the month in a two-digit format (for example: January should be appear as "01"; November should appear as "11"). Enter the year in a four-digit format (for example: 2015 should appear as "2015").
3. *Your name:* Print your full name as it appears on your Social Security card. Enter last name, first name, middle initial.
4. *Your date of birth:* Enter your birth date. For example, June 25, 1997 would be entered as 06-25-1997.
5. *Telephone number:* Enter your area code and daytime telephone number.
6. *Your permanent mailing address:* Enter your permanent mailing address, city, state and five-digit zip code.
7. *Your E-mail address:* Enter a "safe" e-mail address where you can be contacted for questions. This is optional.
8. *Submitting a test score instead of a GPA:* Complete questions 1 through 9, sign the form and attach a photo copy of the testing organization's score report and mail by the deadline to Commission. **DIPLOMAS WILL NOT BE PROCESSED.**
The results from the GED, SAT or ACT tests must be submitted in lieu of a GPA if:
 - You participated in a home schooling program or attended an unaccredited high school.
 - You attended a high school or college outside of the United States and are unable to have those grades converted to a 4.00 scale or your school did not grade in a manner that can be readily converted to a 4.00 scale.
 - Students who have been out of school for five years can choose to submit either test scores or their GPA.
 - **Scores from the California High School Proficiency Examination (CHSPE) cannot be accepted in lieu of a high school GPA, but passing the CHSPE does meet the high school graduation requirement of the Entitlement Cal Grant program. Also, grade reports, transcripts, and other proficiency certificates WILL NOT BE ACCEPTED.**
 - **Only scores from the SAT reasoning test WILL BE ACCEPTED. Subject test scores will NOT BE PROCESSED.**
9. *Student signature:* By signing this form, you certify that you have read these instructions and that the information you provided is correct. It is illegal to report false or misleading information on this form and doing so may result in any Cal Grant award being revoked.

Once you have filled out the student information, take the form to your school and request that they verify your GPA. Be aware that if your school will be electronically submitting your GPA to the California Student Aid Commission, you do not need to submit this form. It is your responsibility to verify that the school will be submitting your GPA for you.

FOR SCHOOL USE ONLY SECTION

STATE STUDENT IDENTIFICATION NUMBER:	(Optional) Please enter the 10-Digit Statewide Student Identification Number (SSID) of the student who's GPA is listed on this form. If the student does NOT have a SSID, please leave blank.
GPA IS BASED ON HIGH SCHOOL COURSEWORK:	Fill in this bubble ONLY if the GPA is based on high school coursework.
CALIFORNIA COMMUNITY COLLEGE RE-ESTABLISHED GPA:	Fill in this bubble ONLY if the GPA being certified is based on at least 16 but less than 24 units completed at a California Community College. If the GPA is based on college units, and is not a reestablished GPA as described above, do not fill in any bubble.
GPA VERIFIER'S SCHOOL CODE:	High schools use their College Board school code; colleges use their USED OPE ID
VERIFIED STUDENT GPA:	Fill in ALL three GPA spaces. Cal Grant GPAs are calculated on a 4.00 scale. High Schools certifying GPAs MUST be accredited or have a UC approved course list in order to verify GPAs. Students not attending accredited high schools should provide either a GED, SAT or ACT score.

After the school completes the GPA information, we recommend making a copy for your records, and purchasing a \$1.30 Certificate of Mailing from the post office and mail to:

California Student Aid Commission
Cal Grant Operations
P.O. Box 419077
Rancho Cordova, CA 95741-9077