



California College Promise (AB 19) Application Form

Step 1: Name, SSN and SID:

Name (please print): _____
 SSN: _____ SID: _____

Step 2: Request Details (write down the academic year and semester(s) you are requesting CA College Promise funds:

Academic year: _____
 Fall Semester _____ Spring Semester _____ Summer Term _____

Step 3: Read the following statements and initial by each number to signify as true and correct:

- (1) I have completed the FAFSA or DREAM Act application and I am not eligible for grants.
- (2) I am a first time student (i.e., have not earned more than 30 units) OR
 Second year student (i.e., more than 30 units attempted) and received AB19 grant for my 1st year.
- (3) I am enrolled fulltime (i.e., 12 or more units) per semester.
- (4) I am a California resident.
- (5) My major is at Laney College as my home school.

I acknowledge that the statements above about my eligibility for this program as stated below are correct.

Step 4: Disclaimer Statement, Signature and Date:

I acknowledge that signing and submitting this form does not guarantee an award of California College Promise (AB 19) grant funds by the college. The award of funds by Laney College will be based on verification of requirements and availability of funds. Eligible students may be paid for 30 units per academic year and 60 units for their entire program.

Signature: _____ Date: _____/_____/_____

OFFICE USE ONLY:	
Student Approved: _____	/ Awarded: Fall: \$ _____ Spring: \$ _____ Summer: \$ _____
Approval Comments: _____	
Student Denied: _____	
Denial Comments: _____	
Financial Aid Officer/ signature: _____	/ _____ Date _____