



CALIFORNIA COLLEGE
PROMISE PROGRAM
(AB-19)

AB-19 Disbursement Form

OFFICE USE ONLY

📌 Student Name: _____

📌 Student ID: _____

📌 Date of Request: _____

📌 Student Aid Index (SAI): \$ _____

Disbursement Calculation

📌 First Disbursement Covers:

- *Books Allowance = \$500*
- *Total Disbursement = \$500*

Disbursement Decision

Student Approved

Awarded Amounts:

- Fall 20____: \$ _____
- Spring 20____: \$ _____
- Summer 20____: \$ _____

💬 Approval Comments:



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Student **Denied**

 **Denial Comments:**

Signatures & Approval

Dr. Joseph Koroma (Financial Aid Officer)

Signature: _____

 Date: _____

AB-19 Counselor

Signature: _____

 Date: _____