## 2025-2026

## **CAL GRANT: SWD CONFIRMATION FORM**

Comments:



			619-388-7864   miraaid@sdccd.edu	
STUDENT INFO			CGSWD 88	
1. Last Name		2. First Name		
3. Student ID		4. Phone		
private non-profit Students with Dep qualifying Cal Gran To qualify, the Calif reported on the Fr	institution who have dependent endent Children (SWD) Grant inc it A and B recipients and up to \$4 fornia Student Aid Commission (Gee Application for Federal Studen	nia, California State University, Californ children may be eligible for an access a creases the base value of the Cal Grant 1,000 for qualifying Cal Grant C recipien CSAC) requires the completion of this font Aid (FAFSA) or California Dream Act A) provide more than half of their Finance	oward of up to \$6,000. The award by up to \$6,000 for outs.  Orm from students who Application (CADAA) having	
•	I OF SWD ELIGIBILITY			
age of 18 w □ <b>YE</b> .	, 2025, will you have, or do you he ho receive more than half of the s S, I DO D, I DO NOT	/	CALIFORNIA STUDENT AID COMMISSION	
	n about SWD: <a href="https://www.csac.ca.green">https://www.csac.ca.green</a> ; to self-certify their SWD status on (	gov/students-dependents. CSAC's official website: <a href="https://webgrants.com">https://webgrants.com</a>	ssac.ca.gov/	
SIGNATURE				
By signing this form, I u		nisleading information. I have read the information pr	rinted above and certify under penalty of	
perjury under the laws of the State of California, that the information above is true 6. Signature		7. Date		
FINANCIAL AID C	DFFICE USE ONLY			
☐ FALL ☐ SPRING ☐ CGA ☐ CGB	Received by:	D	ate:	
	Processed by:	D	ate:	