CAL GRANT

SCHOOL INFORMATION SURVEY

1. SCHOOL NAME

2. SCHOOL CODE (USED)

- **3. SCHOOL SEGMENT**

4. SCHOOL ADDRESS

ADDRESS FIRST LINE

ADDRESS SECOND LINE

CITY

STATE

ZIP

EMAIL ADDRESS

5. SCHOOL TELEPHONE NUMBER

FAX NUMBER

6. CAL GRANT REPORT DESIGNATION

Designation Choices:

a) Grant Warrants _____
b) Unable to Determine Eligibility Report _____
c) EL Verification Roster _____

Office Contact
Select One

(1) (1) = Financial Aid
(2) (2) = Fiscal
(3) (3) = Registrar
(4) (4) = Electronic Funds Transfer

7. CONTACT PERSONS

A. FINANCIAL AID OFFICE CONTACT (CAL GRANT COORDINATOR)

LAST NAME

FIRST NAME MI

TITLE

ADDRESS FIRST LINE

ADDRESS SECOND LINE

CITY STATE

ZIP

PHONE NUMBER - - FAX NUMBER - -

EMAIL ADDRESS

B. FISCAL OFFICE CONTACT

LAST NAME

FIRST NAME MI

TITLE

ADDRESS FIRST LINE

ADDRESS SECOND LINE

CITY STATE

ZIP

PHONE NUMBER - - FAX NUMBER - -

E-MAIL ADDRESS

C. REGISTRAR OFFICE CONTACT

LAST NAME

FIRST NAME MI

TITLE

ADDRESS FIRST LINE

ADDRESS SECOND LINE

CITY STATE

ZIP

PHONE NUMBER - - FAX NUMBER - -

E-MAIL ADDRESS

D. ELECTRONIC FUNDS TRANSFER CONTACT

LAST NAME

FIRST NAME MI

TITLE

ADDRESS FIRST LINE

ADDRESS SECOND LINE

CITY STATE

ZIP

PHONE NUMBER - - FAX NUMBER - -

E-MAIL ADDRESS

8. THE START AND END DATES OF YOUR SCHOOL TERMS
(See examples included with instructions)

a) START DATES	**b)** END DATES
FALL	FALL
☐☐-☐☐-☐☐	☐☐-☐☐-☐☐
WINTER	WINTER
☐☐-☐☐-☐☐	☐☐-☐☐-☐☐
SPRING	SPRING
☐☐-☐☐-☐☐	☐☐-☐☐-☐☐
SUMMER	SUMMER
☐☐-☐☐-☐☐	☐☐-☐☐-☐☐

9. NUMBER OF CHECK DISBURSEMENTS

Please indicate the number of Cal Grant fund disbursements your institution expends per student per term.

☐ 1 DISBURSEMENT ☐ 2 DISBURSEMENTS ☐ 3 DISBURSEMENTS ☐ OTHER_____

10. AUTHORIZED SCHOOL ADMINISTRATOR'S SIGNATURE

NAME PRINTED: _____

SIGNATURE:_____

TITLE: _____

EMAIL ADDRESS:_____

TELEPHONE NUMBER: _____

DATE: _____