

California National Guard
Education Assistance Award Program

Disbursement Roster

School Name - School Code

Term - Year

I hereby certify that I have read and have complied with the enclosed disbursement guidelines. I have noted on this roster the reason(s) resulting in a check not being disbursed. I acknowledge that the institution will be responsible for any disbursements not applied in accordance to the disbursement guidelines.

Printed Name _____

Signature _____

Title _____

(_____) _____ Extension
 Phone

Email _____

_____ Date

Review the following information to ensure accuracy and provide required verification for check disbursement.

Last Name	First Name	MI	Birth Date

If the indicated amounts for COA and/or VEB are inaccurate, specify the adjusted amount(s) accordingly:

Amount of Check	EAAP Need Calculation	COA	Adjusted COA (if applicable)	VEB	Adjusted VEB (if applicable)
	COA-VEB = Need				

Check the following as appropriate:

Enrollment Status	Graduate Studies	Summer Term Enrollment
<input type="checkbox"/> FT <input type="checkbox"/> TT <input type="checkbox"/> HT <input type="checkbox"/> QT <input type="checkbox"/> Less than QT <input type="checkbox"/> Not Enrolled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: <input type="checkbox"/> Mandatory <input type="checkbox"/> Discretionary

Check Disbursed	Check Return Reason
<input type="checkbox"/> Yes <input type="checkbox"/> No	