

# New Cal Grant Recipient Change Form



Return this form only if you are making changes to your California Aid Report (CAR). If you will be attending a school other than the first one listed on your CAR, we recommend that you do the school change on-line at [www.webgrants4students.org](http://www.webgrants4students.org). Submission of this form in a timely manner may expedite payment of benefits and assist us in honoring your request. Completed forms should be mailed to:

California Student Aid Commission, Grant Program Processing Section, P.O. Box 419028, Rancho Cordova, CA. 95741-9028. If you have any questions please contact us at (888) 224-7268 or e-mail us at [studentsupport@csac.ca.gov](mailto:studentsupport@csac.ca.gov).

## A. Name *Attach a photocopy of your drivers license if you are correcting your name on your CAR.*

Last	First	MI
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## B. Permanent Mailing Address *If different from above, provide correct address below. This can be done at [www.webgrants4students.org](http://www.webgrants4students.org).*

Number	Street	Apt. No.	City	State	Zip code
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## C. Social Security Number (SSN) *Attach a copy of your social security card if the number listed on your application is not correct*

SSN \_\_\_\_\_

## D. Date of High School Graduation *Please enter the month and year of your high school graduation*

Graduation Date \_\_\_\_\_

## E. School Change Notification *School Changes can be done on-line at [www.webgrants4students.org](http://www.webgrants4students.org).*

*If the school you are or will be attending this academic year is/will be different from the first one listed above, you will need to provide the new school information below.*

School name	City
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School change effective for:  Fall term  Winter term  Spring term (check one)

I plan to reside:  On campus (dorm)  Off campus (apartment, etc.)  At home with parents or relatives (check one)

## F. Withdrawal From Grant Program *Refer to your Cal Grant Reference Manual before self-withdrawing from the Cal Grant program.*

*If you need to withdraw from the Cal Grant program, complete and sign this section.*

I decline the Cal Grant award(s) listed on my CAR. I understand that by making this choice, I will not receive Cal Grant payments for this academic year and that I may reapply for a Cal Grant award.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## G. Program Change Request *Complete this section with the assistance of your Financial Aid Advisor, signature required.*

*If reason code 1 or 1A is listed on your CAR, you may wish to change the Cal Grant program for which you are awarded.*

**Important:** Consult your college Financial Aid Office before requesting a change in grant program. Changing the Cal Grant program for which your eligibility is considered may result in the loss of your Cal Grant. Make the change request as soon as possible as program changes cannot be processed once your school has accepted payment on your behalf. This payment transaction may occur as early as August 1.

My CAR shows a dollar amount under the \_\_\_\_\_ program but I wish to be considered for a Cal Grant \_\_\_\_\_ at \_\_\_\_\_ (A or B) (A or B) (Fall college of attendance)

My CAR shows "financially eligible" for Cal Grant C. I wish to decline my current Cal Grant and be considered further for the Cal Grant C program.

*By my signature I certify I have consulted with the student regarding changing their Cal Grant program. Signature only required if changing programs.*

Signature of college financial aid officer	College name	Date
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## H. Student Certification

Student signature	Date	Phone number
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