

Payment Request

Term: □ Fall □ Winter □ Spring (select all applicable) ____(e.g.) 2022/23 Academic Year:

Payment Request and Documentation of Service Hours

- Request payment after performing at least 150 hours per semester or 100 hours per quarter of community or volunteer service
- Documentation of service hours performed must be submitted along with this Payment Request form.
- Documentation of service hours performed can be submitted on the California Dream Act Service Incentive Grant Program Service Hours Tracker or on any other type of documentation utilized by the service organization(s) if the documentation includes the name and signature of the certifying official.
- Student will be notified via email when they are approved for payment. Payment will be processed by the institution of attendance and can take 4-6 weeks.

The California Student Aid Commission (CSAC) will award up to \$4,500 per academic year (up to \$2,250 per semester or up to \$1,500 per quarter) to 1,667 eligible students. The grant will be available to the student for up to 8 semesters or up to 12 quarters while they have an active Cal Grant A or B award. Cal Grant A recipients must have met Cal Grant B eligibility. Student shall perform at least 150 hours per semester or 100 hours per quarter of community or volunteer service with a qualifying service organization.

Who is Eligible to Request Payment

Registered student in the program who has completed at least 150 hours per semester or 100 hours per quarter of community or volunteer service with a qualifying service organization. Submit Payment Request form and documentation of service hours performed.

How to Request Payment

Submit completed form(s) to:

Email: dsig@csac.ca.gov

Or Mail: California Student Aid Commission

Attn: CA Dream Act Service Incentive Grant Program

P.O. Box 419027

		Rancho Cordova, CA 95741-9026		
Section 1: Student Demographic Infor	rmation (Required)			
Last Name:	First:	Middle:	CSAC ID or Dream Act ID:	
Street Address:	City and Zip C	ode:	Field of Study:	
Email:	Phone:		Date of Birth:	
Section 2: School of Attendance Infor	mation (Required) To Be Complete	d by Financial Aid Admini	istrator	
School Name:		OPE ID:		
FAA Name:	Award.	YES □ NO □ Student <u>has an active</u> Cal Grant A with Cal Grant B eligibility or Cal Grant B Award. YES □ NO □ Student has at least \$4,500 of financial unmet need to be eligible to receive		
FAA Email:	·	up to \$2,250 per semester or up to \$1,500 per quarter. Student's unmet need		
FAA Signature:	other source of scholarships. ☐ Understan A or B paymen ☐ Student of	 □ Understand initial DSIG payment will occur after student receives at least one Cal Grant A or B payment. □ Student will submit payment request after service hours have been completed. 		
Section 3: Service Organization Inform	nation (Required)			
Organization Name:	, , ,			
Street Address:	City:		Zip:	
Contact Name:	Contact Email	:	Contact Phone:	
Total Service Hours Performed:	Date Service B	Began:	Date Service Completed:	
 ☐ Must have enough financial academic year. ☐ Must meet Satisfactory Academic Must perform at least 150 home. ☐ Must submit payment requests 	t I must meet the below to qualify need and be an active recipient of demic Progress and complete any nours per semester or 100 hours perst and verification of completed sea Dream Act Service Incentive Gran	a Cal Grant A with Cal Grant A with Cal Grant A with Cal Grant For recessary verification for requarter of community our vice hours signed by one	·	
Student Signature:		Date:		