



## GEAR UP EDUCATION TRUST ACCOUNT QUALIFIED FUNDS WITHDRAWAL FORM (QFWF)

Use this form to request withdrawal of funds from your GEAR UP Educational Trust Account to pay for your qualified higher education expenses (see Qualified Withdrawal Guidelines on reverse). You may request a withdrawal amount up to the total balance of your account.

### I. Student Information and Signature

*Print all information clearly to facilitate timely processing of your request.*

Print Name \_\_\_\_\_ SSN \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

STUDENT ID \_\_\_\_\_ Name of College \_\_\_\_\_

WITHDRAWAL AMOUNT:  Entire Account Balance **OR**  Partial Withdrawal - Amount \$ \_\_\_\_\_

*You may want to consult with the Financial Aid Advisor at your college regarding the amount of withdrawal*

Circle One: **Have you filed the FAFSA?**    **Yes**                      **No**    (If no, you may file online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov))

Print date of high school graduation \_\_\_\_\_

Print name, city and state of high school last attended \_\_\_\_\_

I certify that I have received a high school diploma or its equivalent. I authorize the college listed above to release the information requested regarding my financial aid status and other information concerning my eligibility for this withdrawal.

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

### II. To Be Completed By College Official

I certify that the student indicated above is enrolled in a minimum of one class and I have confirmed the person whom the check should be directed to for accurate processing.

Name of College \_\_\_\_\_

Signature of College Official \_\_\_\_\_ Printed Name & Title (print clearly) \_\_\_\_\_

Person Whom Check Should Be Directed To (person must be listed) \_\_\_\_\_ Campus Location of designated person \_\_\_\_\_

Address (Print Address clearly) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

## Qualified Withdrawal Guidelines

**Qualified Eligible Educational Expenses:** Tuition, fees, room and board charges under certain circumstances, and the cost of books, supplies and equipment required for the enrollment and attendance at an Eligible Educational Institution. Certain expenses do not apply including: commuting/travel expenses, clothing, incidental items, computer equipment and software unless explicitly required by the Eligible Educational Institution for your course of study.

An Eligible Educational Institution is a post-secondary school that participates in federal student aid programs under Title IV of the Higher Education Act of 1965. If you are not sure if your school is eligible please contact them.

**Room and board expenses:** You must be enrolled in a degree or certificate-granting program. For students living at home with parents, as well as students not living in campus-provided housing, the Eligible Educational Institutions "cost of attendance" allowance for federal financial aid purposes will be the room and board amount treated as a qualified expense. For students living on campus, the amount of room and board treated as a qualified expense can be the actual amount charged to the student, if it is greater than the "cost of attendance" allowance.

**Refunds:** If an Eligible Educational Institution refunds any part of the Qualified Withdrawal to you, the earnings portion of the withdrawal (anything over the initial \$2,000 award) may be considered a Non-Qualified Withdrawal that is subject to the 10% federal additional tax unless the refund has been used for other qualified higher education expenses.

**Federal and State Tax on Qualified Withdrawals:** The earnings portion of Qualified Withdrawals are not subject to a 10% federal additional tax nor are they subject to federal income tax. The earnings portion is subject to California income tax.

### **State of California Information Practices Act (IPA) of 1977 & Use of Your SSN**

State as well as federal law protects the individuals' right to privacy in information pertaining to oneself. The State of California IPA of 1977 requires that the following information be provided to applicants for financial aid who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. Maintenance of this information is authorized by the Commission policy and the policies of the postsecondary institutions to which you are applying for aid. Furnishing information requested on this form is mandatory. Failure to provide such information will delay and may even prevent your receipt of financial assistance. Information furnished on this form may be transmitted to the state and federal governments if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to themselves. The official's responsible for maintaining the information contained on this form is the Director of the Commission and the financial aid administrators at the institutions to which you are applying for financial aid.

The social security number is used to verify your identify under record-keeping systems established prior to January 1, 1975, pursuant to authority of the Commission, The California State University, and the California Community Colleges contained in Title 5, California Administrative Code Section 41201, and authority of the Regents of the University of California under Article IX, Section 9 of the California Constitution.

The Commission and California public postsecondary education institutions, in compliance with federal statutes and the Equal Protection Clause of the California Constitution, do not discriminate on the basis of race, color, national origin, sex or handicap in any of their policies, procedures, or practices. Inquiries regarding these equal opportunity policies may be directed to the Commission and to the financial aid office of the school or college to which you are applying for aid.

**Return this form via the preferred method of email to:**

[Gear-Up@csac.ca.gov](mailto:Gear-Up@csac.ca.gov)

You may also return this form via regular mail but processing time may be longer than the preferred method of email:

**California Student Aid Commission**

**GEAR UP**

**P.O. Box 419027**

**Rancho Cordova, CA 95741-9027**