

California Dream Act Service Incentive Grant Program (DSIG) 2021-22 Payment Request

The California Student Aid Commission (CSAC) will award up to \$3,000 per academic year (up to \$1,500 per semester or up to \$1,000 per quarter) to 2,500 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 B award. Student shall perform at least 150 hours per semester or 100 hours per quarter of community or volunteer service with a qualifying service organization.



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| <p>Payment Request and Documentation of Service Hours</p> <ul style="list-style-type: none"> 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. | <p>Who is Eligible to Request Payment</p> <p>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.</p> <p>How to Request Payment</p> <p>Submit completed form(s) to: Email: studentsupport@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</p> |
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Section 1: Student Demographic Information (Required)

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| Last Name: | First: | Middle: | CSAC ID or Dream Act ID: |
| Street Address: | City and Zip Code: | | Field of Study: |
| Email: | Phone: | Date of Birth: | |

Section 2: School of Attendance Information (Required) To Be Completed by Financial Aid Administrator

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| School Name: | OPE ID: |
| FAA Name: FAA Email: FAA Signature: | YES <input type="checkbox"/> NO <input type="checkbox"/> Student has an active Cal Grant B Award. YES <input type="checkbox"/> NO <input type="checkbox"/> Student has at least \$3,000 of financial unmet need to be eligible to receive up to \$1,500 per semester or up to \$1,000 per quarter. <input type="checkbox"/> Understand that the grant awarded under the program shall not offset or replace any other source of grant aid, including, but not necessarily limited to, institutional aid and scholarships. <input type="checkbox"/> Student will submit payment request after service hours have been completed. <input type="checkbox"/> FAA notified when student record updated to allow the school to make payment. Initial DSIG payment will occur after student receives at least one Cal Grant B payment. |

Section 3: Service Organization Information (Required)

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| Organization Name: | | |
| Street Address: | City: | Zip: |
| Contact Name: | Contact Email: | Contact Phone: |
| Total Service Hours Performed: | Date Service Began: | Date Service Completed: |

Section 4: Student Agreement (Required)

By signing this form, I understand that I must meet the below to qualify and participate in the CA Dream Act Service Incentive Grant program:

- Must be a CA Dream Act Applicant for the academic year I intend to participate in this program.
- Must have been offered Cal Grant B Award for the academic year I intend to participate in this program.
- Must have enough financial need as determined by CSAC or the college or university.
- Must meet Satisfactory Academic Progress and complete any necessary verification for their Cal Grant B award.

In addition, I understand my total award amount will depend on my enrollment status and unmet need. I agree to perform a minimum 150 semester or 100 quarter hours of service at a qualifying service organization(s) as outlined in the "Qualifying Service Organization" section of this form. Upon completion, a record of my completed hours will be submitted to CSAC signed by one of the certifying officials listed above.

Student Signature: _____ **Date:** _____