

California Student Aid Commission

Training Request Form

Today's Date: _____

Contact Information

Name: _____

Organization: _____

Phone Number: _____

Ext. _____

Email: _____

Training Information

Format: Webinar

Purpose of Training: _____

Audience:

Students

Parents

High School Counselors

Financial Aid Staff

Dream Center Staff

Community Volunteers

****Minimum 30 days advance notice is required****

Date of

Event: _____

Alternate Date: _____

Time: _____

Alternate Time: _____

Topics:

Cal Grant

CA Dream Act

Chafee

Middle Class Scholarship

WebGrants

GPA

Other: _____

Language Preference:

English

Spanish

Both

Instructions:

- Complete and sign form online; save form; then email as an attachment to: schoolsupport@csac.ca.gov
- If any questions, call School Support: 888-294-0153

I understand that:

- Training requests should be submitted at least 30 days before the event and are based on availability of staffing resources.

Signature of Person Completing this Form: _____

Please return this form to School Support by email: schoolsupport@csac.ca.gov; or by fax: 916-464-6499

CSAC Use Only:

Received date: _____ Approved: Y/N: _____ # of Trainers/Presenters Needed: _____

Assigned to: _____

Trainer Name(s)