

If you received a letter stating you were **disqualified** for a Cal Grant and you feel this was in error, you may be able to submit an appeal, depending on the reason. Using this appeals form, please mark the appropriate boxes below identifying both the action you are requesting and the reason for your appeal. Also, provide a detailed, written explanation along with any supporting documentation you may have. Be sure to submit photocopies (please do not send originals) of all supporting documentation. Email your completed Cal Grant Appeals Form to **Studentsupport@csac.ca.gov** and paste **G-18 CG Appeals** in the subject line.

- **Incorrect Information:** If you believe you were denied due to an error or incorrect information, please contact our student support unit at 1-888-224-7268 to review your account status. Hours of Operation are Mon - Fri: 8:00 AM - 4:00 PM (PST)
- **Financial Information or Dependency Status:** CSAC will not take action **on changes to financial information or decisions regarding your dependency status.** If you feel the financial information reported on your Free Application for Federal Student Aid (FAFSA) or CA Dream Act Application (CADAA), or your dependency status should be re-evaluated, contact your school's financial aid office. CSAC will only accept financial corrections or changes to dependency status directly from your school.
- **Federal or School-Based Financial Aid:** CSAC does not review or revise any federal or school-based financial aid. Contact your school's financial aid office for questions regarding other financial aid. Questions regarding your student loan(s) should be directed to your school or lender, whichever is applicable.
- **Competitive Cal Grant Awards:** If you received a Competitive Cal Grant disqualification notice and you are not a current high school senior or recent graduate, you will need to reapply next year. Due to the limited amount of awards, CSAC does not accept appeals from new Competitive applicants who were denied an award **unless CSAC has made an administrative error and you have supporting documentation.**

Your Name		CSAC ID
Address		Date of Birth
City		Telephone Number
State	Zip Code	E-mail Address

REQUESTED ACTION AND REASON FOR YOUR APPEAL

Please check the requested action to be taken:

- Additional Leave of Absence
 Award Reconsideration
 Reinstatement Request
 Other _____

Please check the reason beyond your control for your appeal:

- Medical
 Natural disaster
 Death in the family
 Other _____

Please provide a detailed explanation addressing the reason for your appeal (attach additional sheets if necessary):

With my signature, I certify under penalty of perjury, that the information I have provided for this appeal is true and accurate.

Signed: _____

Date: _____

OFFICE USE ONLY

Processed Date: ____/____/____ Approved Not Approved