



Financial Aid

SAN DIEGO CITY FINANCIAL AID
1313 Park Blvd, San Diego CA 92101
619-388-3501|cityaid@sdccd.edu

Financial Aid In-House Verification Form

School Semester: _____ School Year: _____ Student ID: _____

First Name: _____ Last Name: _____

Student's Signature: _____ Date: _____ Phone: _____

1. Records/Admissions use only: Enrollment

The student named above is enrolled for: _____ units.

The student is considered (checkmark one):

☐ Less than 1/2 time (1 to 5.5 Units) ☐ Half Time (6 to 8.5 Units) ☐ 3/4 time (9 to 11.5 Units) ☐ Full time (12+ units)

2. Financial Aid use only: Federal Work Study ☐ check if not applicable.

Total Award: \$_____ Period Intended to Cover: _____ thru _____

Hours per week: _____ Hourly pay: \$_____ Pay Schedule: Monthly First Pay Date: _____

3. Financial Aid use only: Fellowships, Scholarships, Grants, Waivers, Etc.

* Fee Waiver = California College Promise Grant (CCPG)

<u>Type of Aid</u>	<u>Amount</u>	<u>Date Received or Expected</u>	<u>Paid to Student/School</u>	<u>Period Intended</u>
*CCPG	_____	_____	_____	_____ thru _____
Federal Pell Grant	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____

Authorized Signature

Title

Date

The San Diego Community College District is committed to a safe and equitable learning environment for all students and employees. It does not discriminate on the basis of sex or gender in its educational programs and employment. Please refer to the SDCCD Board Policy 3410: NONDISCRIMINATION at the link below. For details and contact information: <https://www.sdccd.edu/students/titleix/SDCCD Board Policy 3410>

3. (CONTINUED) Fellowships, Scholarships, Grants, Enrollment Waiver, Etc.

<u>Type of Aid</u>	<u>Amount</u>	<u>Date Received or Expected</u>	<u>Paid to Student/School</u>	<u>Period Intended</u>
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____
_____	_____	_____	_____	_____ thru _____

Comments:

_____ Authorized Signature	_____ Title	_____ Date
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