Financial Aid In-House Verification Form

SAN DIEGO CITY COLLEGE
1313 Park Boulevard
San Diego, California 92101-4787

619-388-3501
FAX
619-388-3241

School Semester _____ School Year_____

Student's CSID: _____ Student Ph#:_____

Student's Name _____

Student's Signature _____ Date _____

1. Records/Admissions 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 Office, Work Study: Check Box if Not Applicable ☐

Total Award: $_____ Period Intended to Cover _____ thru _____ Hours per week: _____

Hourly pay: $_____ **Pay Schedule: Monthly.** First Pay Date: _____

3. Financial Aid Office: Fellowships, Scholarships, Grants, Enrollment Waiver Etc.

Type of Aid	Amount	Date Rec'd/Expected	Paid to (Student/School)	Period Intended
Fee Waiver is = CALIFORNIA COLLEGE PROMISE GRANT = CCPG				
CCPG	_____	_____	_____	_____Thru_____
Fed Pell Grant	_____	_____	_____	_____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.

Type of Aid	Amount	Date Rec'd/Expected	Paid to (Student/School)	Period Intended
_____	_____	_____	_____	_____Thru_____
_____	_____	_____	_____	_____Thru_____
_____	_____	_____	_____	_____Thru_____
_____	_____	_____	_____	_____Thru_____
_____	_____	_____	_____	_____Thru_____
_____	_____	_____	_____	_____Thru_____
_____	_____	_____	_____	_____Thru_____
_____	_____	_____	_____	_____Thru_____
_____	_____	_____	_____	_____Thru_____
_____	_____	_____	_____	_____Thru_____

Comments:

_____

_____

_____

_____ _____ _____

Authorized Signature Title Date

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