Financial Aid In-House Verification Form

SAN DIEGO CITY COLLEGE
1313 Park Boulevard
San Diego, California 92101-4787
619-388-3400

Financial Aid
619-388-3501
FAX 619-388-3241

School Year _____

Student's Name _____ ID _____

Student's Signature _____ Date _____

1. Enrollment:
The student named above is enrolled for: _____ units.
The student is considered (check one):
___ half time ___ full time
___ 3/4 time ___ Less than 1/2 time

2. Financial Aid: (such as VA benefits, awards, grants, scholarships, fellowships, deferred payment loans, etc.)

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

3. Work Study:

Total Award: $_____ Period Intended to Cover _____ thru _____
Hours per week: _____ Hourly pay: $_____ How often pay: _____
First Pay Date: _____ Paid to (check one): ___ Student ___ Institution

_____ _____

Authorized Signature/Title Date

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SDCCD Board Policy 3410