Las Positas College

CAL GRANT REQUEST TO RECEIVE FUNDS OR TO PLACE ON HOLD FOR 2024-2025 SCHOOL YEAR

For students who have close to 2 or less years of Cal Grant remaining (200%)

STUDENT: MUST COMPLETE SECTION 1 OR SECTION 2

1. CAL GRANT B DECLINE FORM

i. CAL GRANT B BEC			
Students are limited to receive a Cal Grant for a maximum *400% (<i>equivalent to 4 Full-Time years</i>). Cal Grant B payments received are added together for all colleges attended in California to determine the percentage received.			
According to My Web Grants account (https://mygrantinfo.csac.ca.gov), I have received percent of my Cal Grant B.			
This leaves me with percent of remaining Cal Grant or approximately full time equivalent years.			
Since my plan is to transfer, I wish to reserve my remaining Cal Grant for my transfer institution so that my Cal Grant will be available to pay for my enrollment/tuition fees at a California four year university.			
Please initial your choice of action and sign at the bottom:			
I would like to put my Cal Grant on permanent hold at Las Positas beginning [] Fall 2024 [] Spring 2025			
I would like to put my Cal Grant on hold at Las Positas for only the following terms only:			
Fall 2024			
2. CAL GRANT B ACCEPT FORM			
According to My Web Grants account (https://mygrantinfo.csac.ca.gov), I have received percent of my Cal Grant B.			
This leaves me with percent of remaining Cal Grant or approximately full time equivalent years.			
I acknowledge that I choose to receive my Cal Grant while attending Las Positas College this year. Either I do not intend to transfer, or if I intend to transfer, I prefer not to save my Cal Grant to pay for tuition at my transfer institution. I understand I will be forfeiting the ability to have my Cal Grant pay for my tuition upon transfer if I accept the funds while in community college. I further acknowledge that tuition is currently averaging \$7000 - \$14,000/year at a four year California public university and I understand that my Cal Grant would have directly paid for my tuition if I saved it.			
Please initial one of the following choices and sign at the bottom:			
I do not intend to transfer and I wish to receive my remaining Cal Grant at Las Positas			
I do intend to transfer, but I choose to receive my remaining Cal Grant at Las Positas			
	r Spring only	For both Fall and Spring	
STUDENT: MUST COMPLETE SIGNATURE SECTION			
STUDENT: MUST COMPLE	IE SIGNATURE SECT	IION	
Student Name:		Student ID #	
Student Signature:		Date:	
For Financial Aid Office use only: Pro	ocessed Proc	essor	Date
Comments:			
Comments.			