

Grant Record Change Form For Schools Cal Grant Programs

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|----------------------------|
| School use |
| Award year 20__ to 20__ |



This form enables school's to use one form for making two of the most common changes to students' records:

1. EDUCATION LEVEL (EL) VERIFICATION
2. GRANT DATA REVISIONS

Mail form to: California Student Aid Commission, Grant Program Processing Section, P.O. Box 419028, Rancho Cordova, CA 95741-9028.

Please read instructions on the reverse side before completing this form. Please print or type clearly.

I. STUDENT INFORMATION

| | | | | |
|---|-------|----|------------------------------|---|
| 1. Last name | First | MI | 2. Date of birth (mo/day/yr) | 3. Social security number |
| | | | | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> |
| 4. For the award year indicated above, this student is a (check one): <input type="checkbox"/> New recipient <input type="checkbox"/> Renewal recipient | | | | |

II. EDUCATIONAL LEVEL VERIFICATION

5. The above student's initial grant payment was or is to be made at this institution. At the time of this initial grant payment the student's educational level (EL) was _____ (1= Freshman, 2= Sophomore, 3 = Junior, 4 = Senior).

III. GRANT DATA REVISION (only report changes which will affect a student's grant eligibility)

6. Renewal recipients — Unmet need (enter ONLY data recognized by you in establishing campus calculated financial need)
- \$.00

Complete this section ONLY if the student is a new recipient.

New Recipient Data

7. **Dependency Status Override:** My institution has determined that the student should be considered independent for purposes of establishing federal and campus financial aid eligibility despite not otherwise qualifying as an independent student. (Appropriate financial information must be provided below.)
8. **Dependency status (check one)**
- Dependent
- Independent with dependents other than a spouse
- Independent without dependents other than a spouse
9. **Estimated Family Contribution (EFC) Formula Calculation (check one)**
- Automatic zero
- EFC Simplified
- Regular

| | Parents | Student (and Spouse) |
|------------------------------|--|--|
| 10. Number of family members | 13. Marital status (note if registered domestic partner) | 16. Marital status (note if registered domestic partner) |
| 11. EFC \$.00 | 14. Total income \$.00 | 17. Total income \$.00 |
| 12. Unmet need \$.00 | 15. Adjusted net worth (assets) \$.00 | 18. Adjusted net worth (assets) \$.00 |

19. Reason for new recipient data changes: _____

IV. SCHOOL CERTIFICATION (must be completed by school for all students)

The information reported on this form is consistent with the data used to establish the student's eligibility for Federal Title IV aid and institutional funds. The institution certifies that the appropriate documentation substantiating these changes is maintained by the institution as part of the student's financial aid record. I understand that data revision requests will not be reviewed until award decisions have been calculated.

The information reported above is true and correct to the best of my knowledge.

| | | |
|--|---|-------------------------|
| 20. Name of school | 21. United States Department of Education school code | 22. Date |
| 23. Name and title of school official completing this form | 24. Signature of school official completing this form | 25. Phone number () |

Instructions for Completing Grant Record Change Form for Schools

All numbered sections on this form must be completed as indicated below. Please type or print clearly. Remember to complete award year in the box indicated.

Section I: Student Information

1. Enter the student's name (last, first, middle initial).
2. Enter the student's date of birth (month, day, year).
3. Enter the student's social security number.
4. Check "New recipient" if the student did NOT receive a Cal Grant for the previous award year. Check "renewal recipient" if the student received a Cal Grant for the previous award year.

Section II: Education Level Verification

Question 5 is to be completed to report a student's education level (EL), when the school is unable to report information on the EL Verification Roster.

5. Check this box and indicate the correct level in the space provided to verify student's EL at the time of initial grant payment.

Note: A change for a new recipient who qualified for an award as a freshman will result in a withdrawal from the program if the student does not meet the criteria at the correct EL. (The grade point average minimum of EL2 and EL3 is higher than EL1).

Section III: Grant Data Revision

Question 6 is to be completed to report revisions to the unmet need of renewal recipients whose need figures were previously reported on the Grant Roster. Changes which will reduce a student's award must be made throughout the award year. Schools may submit revisions anytime during the award year for changes which increase grant amounts for renewal recipients; however, increases will only be provided to the extent that funds are available.

6. For renewal recipients enter the unmet need for the entire award year.

Questions 7-19 MUST only be completed for new recipients.

7. Check this box if a financial aid administrator used professional judgement in compliance with federal regulations to change a student's dependency status.
8. Check the correct dependency status. This MUST be the same dependency status used to award all aid.
9. Automatic Zero: Check this box if the automatic zero federal methodology was used to calculate the EFC. Check this box if the dependent student's parents' or the independent student's adjusted gross income is less than or equal to the maximum amount of income that may be earned in order to claim the maximum earned income credit, and the parents of a dependent student or the independent student did not file and were not required to file Internal Revenue Service's Form 1040.
EFC Simplified: Check this box if the simplified federal methodology was used to calculate EFC.
Regular: Check this box if the regular federal methodology was used to calculate EFC.
10. List the number of family members.
11. Enter the EFC. Do NOT include financial aid awards.
12. Provide the unmet need for the student for the full academic year. Unmet need should be calculated using information on the College Costs Estimate Sheet submitted to the California Student Aid Commission (Commission).
13. Provide marital status; single, married, registered domestic partner, divorced or separated.
14. Provide the total income, using data at your school consistent to establish the student's financial aid.
15. Provide the adjusted net worth which includes all assets, consistent with the data used to establish the student's financial aid.
- 16-18. See instructions 13-15.
19. A brief explanation of the reasons for changes and professional judgement decisions must be provided in the space indicated.

Section IV: School Certification (must be completed by school for all students)

20. Enter school name. Do not abbreviate.
21. Enter the assigned six- or eight-digit code for your institution. This code is provided by the U.S. Department of Education.
22. Enter the date this form was completed.
23. Provide the name and title of the school official completing this form.
24. The school official completing this form MUST sign the change request.
25. Enter the telephone number, including area code, of the school official who can answer questions regarding this information.

The Commission will process the G-21 Form and any resulting changes will be reported to your school through the Grant Roster. The Commission will not be returning a copy of the G-21 form to the school. The Grant Roster will explain the actions taken. A copy of the G-21 form should be retained for your records. Awards amounts are subject to state budget appropriations for the award year.