

## 2024-2025 STUDENTS WITH DEPENDENTS VERIFICATION FORM - CAL GRANT

Student Name	Student ID Number		
	ı		
Based on the information reported on your Free Applica (CADAA), you may be eligible to receive an additional Ca Commission to help pay for your college expenses. To o which you provide more than half of their financial supp	al Grant Supplemental Acces <sub>l</sub> ualify, you must have childr	ss award through the Califor en under the age of 18 by Ju	rnia Student Aid uly 1, 2024, for
As of July 1, 2024, will you have, or do you have any chilo support from you?	dren under the age of 18 wh	o receive more than half of	their
Yes, I do (complete section below, sign and submit)			
No, I do not (skip section below, sign and submit)			
Please list the name, age, and date of birth (DOB) of eac	·	DOB (mm/dd/yy):	
Child's name:			
Child's name:	Age:	DOB (mm/dd/yy):	
Child's name:	Age:	DOB (mm/dd/yy):	
All the information on this form is true and complete to misleading information on this form may result in reduc	, ,		giving false or
STUDENT SIGNATURE		DATE	

Submit Completed Form via the Student Portal or

Mail: UMass Global Financial Aid Office, 65 Enterprise, Suite 150, Aliso Viejo CA 92656-2707