COLLEGE ENROLLMENT VERIFICATION FORM FOR CALFRESH

STUDENT NAME _____ DOB ___ __ ____

SCHOOL NAME _____

1. Enrollment Status ☐ Full Time ☐ Half Time ☐ Less Than Half-Time

2. Educational Goal ☐ Associate Degree ☐ Bachelor Degree
☐ Other: Specify

3. Student Participation in Other Federally Exempt Programs

Does the student's program meet the definition of the Carl D. Perkins Career and Technical Education Improvement Act of 2006 (Perkins IV) program in that the program is funded in part with Perkins IV money?

Please indicate: *Yes* ☐ *No* ☐

4. Student's Participation in Work Study

Has the above student eligible for a federal or state funded work-study program?

Please indicate: Yes ☐ *No* ☐

5. CalGrant

Is the student getting CalGrant funds? *Please indicate:* *Yes* ☐ *No* ☐

_____

NAME OF COLLEGE OFFICIAL   **TITLE**

_____

SIGNATURE OF COLLEGE OFFICIAL   **DATE**