

1. INSTRUCTIONS

This application is used to certify the eligibility of AB 540 students for California student financial aid. Any aid offered can only be used at University of California, Riverside. The information on this form will be used to determine eligibility in the Cal Grant program, Dream Loan program and various other UCR Grant and Scholarship programs.

Once determined to be eligible, you may be offered state and University financial aid award offers as long as you continue to fulfill eligibility requirements. Certification of your eligibility does not alter your responsibility to pay, by the campus deadline, any tuition and associated fees that may be due before your financial aid funding is determined and awarded.

Incomplete forms will delay processing. If a section does not pertain to you, indicate zero or not applicable (N/A). Do not leave any spaces blank.

2. STUDENT INFORMATION

Last Name

First Name

Student Identification Number

3. APPLICATION

I, the undersigned, verify that I am eligible to receive financial aid as a “Dreamer” through the state of California as a resident under the established AB540 criteria, and I declare that the following apply to me:

I have a current nonimmigrant visa as defined by federal law.

Nonimmigrants have been admitted to the U.S. on a temporary visa and include, but are not limited to, foreign students (holding F visas) and exchange visitors (holding J visas).

I do NOT have a current, nonimmigrant visa as defined by federal law.

This includes, among others, U.S. citizens, permanent residents, DACA recipients, and individuals without immigration status.

4. ATTENDANCE

CHECK ALL ITEMS THAT APPLY FROM BOTH COLUMNS:	
I attended a California high school for three (3) years or more.	I attended a combination of California high school, adult school, and community college for three (3) years or more.
I attended a combination of California elementary, secondary, and high school of three (3) years or more.	I have graduated or will graduate with a California high school diploma or the equivalent (i.e. California-issued GED,
I attended a California adult school.	I have completed or will complete an associate’s degree from a California Community College.
I attended a California community college for two (2) or more years.	I have completed or will complete the minimum requirements at a California Community College for transfer to the California State University or the University of California.

SID # _____

4. ATTENDANCE (CONTINUED)

PROVIDE INFORMATION ON THE SCHOOL YOU ATTENDED AND REFERENCED ABOVE:				
Name of California School	City	State	From Month/Year	To Month/Year
		CA		
		CA		
		CA		
		CA		
		CA		

Applicant must submit, as part of this form, official transcripts/attendance records that validate any of the information above if requested by the UCR Financial Aid Office (i.e., California K-12, adult school, community college, etc.).

5. AFFIDAVIT

By signing this document below, I hereby state that if I am a non-citizen without an immigration status I have filed an application to legalize my immigration status or will file an application as soon as I am eligible to do so.

DECLARATION OF TRUE AND ACCURATE INFORMATION: I, the undersigned, declare under penalty of perjury that the information I have provided on this form is true and accurate. I understand that this information will be used to determine my eligibility for the California financial aid programs. I further understand that if any of the above information is found to be false, I will be liable for repayment of all Financial Aid funding that was disbursed to my account and I may be subject to disciplinary action by the University.

Full Name (as it appears in your campus student record)

E-mail Address

Student Signature

Date

Print, sign and email as a PDF form to fadocs@ucr.edu. Processing timelines apply.