

Reviewing Advisor Initials: _____ Date: _____

Financial Aid Office
Student Services Room 248
16007 Crenshaw Blvd.

Torrance, CA 90506 (310) 660-3493 | eccfaid@elcamino.edu

Student has a California College Promise Grant (CCPG) for the current term. Request to change from current CCPG to CCPG "Method A" based on supporting documentation. Semester: Fall 20 Spring 20 Summer 20 Last Name: _____ First Name: ____ ECC Student ID: _____ NEW CCPG BASED ON SUPPORTING DOCUMENTATION: ☐ SBGA1 = TANF/CalWORKS ☐ SBGA2 = Supplemental Security Income (SSI)/State Supplement Program ☐ SBGA3 = General Assistance ☐ SBGA4 = Dependent of U.S. military veteran ☐ SBGA5 = Dependent of National Guard ☐ SBGA6 = Recipient of the Congressional Medal of Honor or a child of a recipient ☐ SBGA7 = Dependent of a victim of September 11, 2001 terrorist attack ☐ SBGA8 = Dependent of a deceased law enforcement or fire suppression personnel killed in the line of duty **FA ASSISTANT INSTRUCTIONS:** 1. Complete the "For Office Use Only" section on the CCPG Application 2. Complete the CCPG screen Requesting FA Assistant/Staff Initials: ______ Date: _____ FA ADVISOR DOCUMENTATION REVIEW: ☐ Approved Bill Run Date: _____ ☐ Denied Reason: