



2018 – 2019 Satisfactory Academic Progress

Your Dream Application has been processed by the *California Student Aid Commission (CSAC)*. You may submit forms and other documents to the Financial Aid Office in person or via email to financialaid@smc.edu.

Last Name	First Name	Dream Act ID	SMC ID
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SECTION A: SAP POLICY FOR STATE FINANCIAL AID

SMC's Financial Aid SAP policy requires students to meet **all** of the following standards by the end of each semester (Fall, Spring & Summer) in order to be eligible for state financial aid funds:

Board of Governor's (BOG) Fee Waiver	Cal-Grant Program
Minimum 2.0 cumulative GPA	Minimum 2.0 cumulative GPA
Complete 50% of all units attempted	Complete 67% of all units attempted
No Maximum Time Frame Limit	Maximum Time Frame Limit: 150% of the units required to complete program For example, a student with an Associate Degree education goal (60 unit program) will have a time frame limit of 90 units.

SAP Policy can be found online at: <http://www.smc.edu/sap>

SECTION B: CAL GRANT PROGRAM LIMIT

The Cal Grant program is a type of state financial aid that you do not have to pay back. Students can use a Cal Grant award at the California Community College, California State University and University of California. Students have a Cal Grant usage limit of 400% (where 100% is equivalent to one academic year at full time enrollment). **Dreamers who reach the 200% usage threshold will be required to meet with the designated Financial Aid Specialist before additional funds can be disbursed.** To manage your Cal Grant award you must create a WebGrants account online: <https://mygrantinfo.csac.ca.gov/logon.asp>

SECTION C: FERPA AUTHORIZATION

The **Family Educational Rights and Privacy Act (FERPA)** provides students certain rights regarding their educational records including information on the student's financial aid application. The Financial Aid Office cannot release information to anyone other than the student, without the student's written consent. **If you would like to authorize SMC to release information to a third party, please list the person(s) and their relationship to you below. If you would not like to authorize the release of your information to any third party, leave this section blank.**

Name	Relationship
Name	Relationship

SECTION D: CERTIFICATION AND SIGNATURES

- I understand that to receive my **Cal Grant award and BOG Fee Waiver**, I must meet Satisfactory Academic Progress standards at the end of each term.
- I understand that there is a **Cal Grant limit of 400%** and that, if I use 200% of my Cal Grant funds, I will be required to meet with a Financial Aid Specialist.
- I understand that if, at any point, I am not meeting SAP standards for the Cal Grant award or BOG Fee Waiver, I can submit an appeal for Financial Aid reinstatement.

Student Signature _____ Date _____

Office Use Only:			
Verification: Y / N	HS Graduation (month/year): _____	Received by: _____	Date: _____