

2026-2027 STUDENTS WITH DEPENDENTS VERIFICATION FORM - CAL GRANT

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|--------------|-------------------|
| Student Name | Student ID Number |
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Based on the information reported on your Free Application for Federal Student Aid (FAFSA) or California Dream Act Application (CADAA), you may be eligible to receive an additional Cal Grant Supplemental Access award through the California Student Aid Commission to help pay for your college expenses. To qualify, you must have children under the age of 18 by July 1, 2025, for which you provide more than half of their financial support during the academic year. Please check the appropriate box below.

As of July 1, 2026, will you have, or do you have any children under the age of 18 who receive more than half of their support from you?

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 each of your children below:

Child's name: _____ Age: _____ DOB (mm/dd/yy): _____

Child's name: _____ Age: _____ DOB (mm/dd/yy): _____

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 the best of my knowledge. I understand that purposely giving false or misleading information on this form may result in reduced eligibility and/or repayment of aid.

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