



Emergency Financial Aid for First-Generation Veteran Students Application

(For College Use Only)

1. Name _____
Last First Middle Initial
2. Student ID Number _____
3. Home Address _____
Street Address (Include unit number if applicable) City State Zip
4. Telephone Number _____
5. College to be attended during 2025-2026 academic year _____
6. Major _____
7. Educational Objective ☐ AA/AS/ADT ☐ Certificate
8. Estimated completion date for above objective _____
Month/Year

California Information Privacy Act

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information to be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose of requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize the maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. Your social security number (SSN) may be used to verify your identity under record-keeping systems established prior to January 1, 1975. If your college requires you to provide an SSN and you have questions, please contact your college's financial aid officer for further information. The Chancellor's Office and the California Community Colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership, or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office at the college to which you are applying.

After completion, submit application and supporting documentation to your college for processing.

STUDENT CERTIFICATION

All of the information on this form is true and complete to the best of my knowledge. I hereby give the community college permission to release this information to any agency necessary for the processing or funding of my aid application.

_____ Student Signature	_____ Date
_____ Parent Signature (Dependent Students Only)	_____ Date