

SECTION A: STUDENT INFORMATION

Lassen Community College Financial Aid Office P.O. Box 3000 Susanville, CA 96130

2023-2024 Ineligible Program Verification

PRINT ALL INFORMATION NEATLY IN BLUE OR BLACK INK ONLY. DO NOT USE WHITEOUT.

Last Name	First Name	M.I.	Student ID	Date of Birth
SECTION B: INEI	IGIBLE PROGRAM			
_	•		ved education program to recei	
	•		e your current educational goal gible for the Promise Grant. (Fo	
Eligible Education	nal Goals at Lassen Comr gree without transfer	munity College are:		
	gree and transfer to a 4-	yr		
	e of Achievement withou	•		
Please review vo	ur current educational p	rogram with your Aca	demic Counselor	
- -				
		am updated by your A	cademic Counselor, and comple	te this form and return it
o the Financial A	id office for processing.			
Student Signature				
	CTION OF THIS FOR	RM SHOULD BE O		IIINSELOR
HE LOWER SE			Date COMPLETED BY YOUR CO	UNSELOR.
HE LOWER SE	CTION OF THIS FOR			UNSELOR.
HE LOWER SE	INSELING DEPARTMEN			UNSELOR.
HE LOWER SE SECTION C: COL	INSELING DEPARTMEN			UNSELOR.
HE LOWER SE SECTION C: COL AA/AS De Certificat	INSELING DEPARTMEN	<u>VT</u>	COMPLETED BY YOUR CO	UNSELOR.
AA/AS De	INSELING DEPARTMEN gree e of Achievement	<u>VT</u>	COMPLETED BY YOUR CO	UNSELOR.
HE LOWER SE SECTION C: COL AA/AS De Certificat	INSELING DEPARTMEN gree e of Achievement	<u>VT</u>	COMPLETED BY YOUR CO	UNSELOR.
HE LOWER SE SECTION C: COL AA/AS De Certificat	INSELING DEPARTMEN gree e of Achievement	<u>VT</u>	COMPLETED BY YOUR CO	UNSELOR.

FC23NTIV Revised 3.1.2022