



Laney College
Division of Enrollment Services
 900 Fallon Street
 Oakland, California 94607
 Laney-enrollservices@peralta.edu

California College Promise (AB 19) Commitment Agreement Form

Laney College: is committed to serving students by providing access to higher education opportunities and supporting student success. We are committed to removing financial aid barriers that prevent our students from furthering their education. The California College Promise Program at Laney College provides retention grants to eligible full-time students who may not qualify for the Pell grant or California College Promise Grant (CCPG), formerly known as BOG Fee Waiver to support their educational pursuits through a mutual responsibility commitment on the part of the student and college.

Instructions: If you are eligible and would like to participate in the California College Promise Program (AB 19) at Laney College, please initial and sign the required commitment form and return to the Laney College Financial Aid Office.

- My major is at Laney College as my home school.*
- I have submitted a FAFSA or Dream Act application and may not be Pell grant or CCPG eligible.*
- I understand that I must be a California resident or AB 540 eligible.*
- I am required to develop a student education (SEP) plan with a counselor to receive grants.*
- I will plan to meet with a Laney College or AB 19 counselor at least once a semester.*
- I am enrolled full-time (12) and will maintain 12+ semester enrollment for program eligibility.*
- I understand that any disability impacting my ability to carry 12 or units can be validated by the Student Accessibility Services (SAS) before being processed by the Financial Aid Office.*

Acknowledgement: *By completing, signing, and submitting this form, I acknowledge that the information provided is true and correct to the best of my knowledge. The award of funds for the California College Promise Program (AB19) at Laney College will be based on local program eligibility requirements and availability of funds at the college. I understand that I will not be funded after earning more than 60 units of enrollment under this program.*

Print Name: _____ Student ID # _____

Email: _____ Phone: _____

Signature _____ Date ____/____/____

OFFICE USE:		
Student Approved: _____	Fall 2023: \$ _____	Spring 2024: \$ _____ Summer 2024: \$ _____
Approval Comments: _____		
Student Denied: _____		
Denial Comments: _____		
Staff Name: _____	signature: _____	Date: _____