

UNIVERSITY OF CALIFORNIA, SANTA BARBARA
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS
2101 SAASB, SANTA BARBARA, CA 93106-3180 TELEPHONE (805) 893-2432

PROMISE SCHOLAR WORKSHOP PARTICIPATION – FALL 2019

A. STUDENT INFORMATION

Last Name (Print) First Name M.I.

Perm Number

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E-mail Address (U-mail Preferred)

Phone Number

All junior and transfer students must attend a minimum of two workshops from the provided list of approved events. Please have the hosting staff member initial next to the program name and date to confirm your attendance. Students may request workshops not listed in advance with approval. *Once completed, forms can be submitted directly to the Office of Financial Aid and Scholarships front desk or drop box.*

B. EVENT INFORMATION

Event	Date	Staff Initials

C. SIGNATURE

My signature certifies that the information I have provided is true and complete. I agree to provide proof supporting the information on this form, if requested. I realize giving false information may result in a fine, prison sentence, or both.

Student's Signature

Date