



FINANCIAL AID & SCHOLARSHIP OFFICE
1000 East Victoria Street
Carson, California 90747
PHONE: (310) 243-3691

CSUDH ID: _____ Today s Date: _____

Financial Aid Document Submission Cover Sheet

Please complete the information requested below, submit this form along with your documents.

REMINDER: When uploading your documents to the **online [Dropbox](#)**, please exercise caution when using Free WiFi or Public Computers as these are not secure.

Student Name: _____
Enter Last Name, First Name, MI

Toro Email Address: _____

Phone Number: _____
(Area Code) (i.e. 222-1234)

*Note: Please be sure to include your **CSUDH student ID number** on each page submitted and allow up to 4 business days for your **To Do List** to be updated.*

SUBMISSION INSTRUCTIONS:

On the following page(s), complete all requested information using the fillable document below. Your document must be complete to be accepted by the Financial Aid & Scholarship Office. Forms that are incomplete will remain on your To-Do-List in the Student Center.

1. Upon completing this document, scroll to the bottom where you are asked to sign and date. In the signature area, type or sign your name and in the date space type today's date.
2. **Save your document and be sure to include your name and CSUDH Student ID# within the file name.**
3. If you have attachments, please have them ready to upload to the online Dropbox
4. Return to the [Financial Aid Forms](#) page > go to the **blue Dropbox Folders** section > **select the icon that corresponds with your last name** > use the **"Add Files"** or **"drag and stuff here"** option to upload your documents. **Emailed documents will not be accepted.**
5. Once all documents have been submitted, be sure to close your browser.

In furtherance of CSU Dominguez Hill's mission of accessibility and commitment to excellence through diversity, equity, and inclusion, CSUDH strives to ensure that its information and communication technology is accessible to everyone. If you need assistance in completing this form because of a disability, please contact us at (310) 243-3660



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Student's Name: _____ CSUDH ID# _____

2022-2023 Identity and Statement of Educational Purpose

Please visit the Enrollment Services Office in Welch Hall B-290 to verify your identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or U.S. passport. In addition, you must sign this document in the presence of a Financial Aid Staff member.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending California State University, Dominguez Hills for 2022-2023.

Student's Signature

Date

WARNING: Per the U.S. Department of Education, if you purposely give false or misleading information, you may be fined, be sentenced to jail, or both.

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For Office Use Only

Financial Aid & Scholarship Office Staff: _____ Date: _____

Type of valid ID reviewed: _____

Expiration Date: _____ Document Number: _____