



Baldy View Regional Occupational Program

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Shelley Adams, Ed.D
Superintendent

Written Consent to Apply Emergency Financial Aid Grant to Student Account

Student Name: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Student ID: _____ Phone Number: _____

I _____ authorize Baldy View ROP to apply \$_____ of my \$2,228.12
Emergency Financial Aid Grant to my Student Account leaving a balance of \$_____ due directly to me.

I acknowledge that by signing below, I am authorizing a specified portion of my Emergency Financial Aid Grant (as noted above) to be applied to my Student Account and that this action is permanent and can not be reversed.

Signature _____ Date _____