**R. Gonzalez Management Inc. (RGM)**

Student Financial Aid Services Phone No. (323) 730-8700

3560 S. La Cienega Blvd. Suite G Fax No. (323) 730-8701

Los Angeles, CA 90016-4400 Web Page <http://www.rgmsms.com>

**RGM Memo**

Date: June 18, 2018

To: Dear School Owners and Financial Aid Personnel,

RE: FISAP Form for funds 2019-2020

Dear School Owners and Financial Aid Personnel,

RGM MEMO JUNE 18, 2018

If your institution participates or would like to participate in Campus Based Funding, **please fill out the FISAP form which is attached to this email to request the funds for the 2019-2020 award year no later than June 30,2018.**

Email your form to Lidia\_swoopes@rgmsms.com or Ana Maria Jimenez at Anamaria\_jimenez@rgmsms.com

MEMO

FISCAL Operations report for the **2017-2018** award year

Application for funds for the **2019-2020** award year

 FSEOG and FWS Programs

**Date:** 06/18/2018

**To**: Financial Aid Administrator

**From**: RGM

**Re**: Campus Based Program Fiscal Operations report and application for funds

**School No.\_\_\_\_\_\_\_\_\_**

We will begin to submit your Institution’s FISAP report for the award year ending on **June 30, 2018** and the application to request funds for the **2019-2020** Award Year beginning in the month of **August**.

Please indicate by circling ***yes or no*** next to each program your Institution would like to participate in:

|  |  |
| --- | --- |
| Program | Requesting funds for this program |
|  |  |
| SEOG | Yes No |
| Work Study | Yes No |

**PLEASE NOTE**: If you are applying for the first time for a new program (for example requesting funds for FWS) even though you are already participating in SEOG, your institution may be required to attend a pre-certification training. This training is mandatory and is conducted by the USDE.

Please complete this form and **fax** it to **(323) 730-8701 or email it to lidia\_swoopes@rgmsms.com by June 30th, 2018.** If you have any questions feel free to contact me. Your Prompt attention is greatly appreciated.

Lidia Swoopes

Fiscal (323)730-8700 ext 245

Form Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_