



## STATEMENT OF FINANCIAL AID

To: Financial Aid Officer

Please determine if the student named below is receiving any financial aid and if so, what kind. When completed, please sign and return to student. Thank you.

Student Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Daytime (\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_) \_\_\_\_\_

Student is receiving:

No financial aid

<input type="checkbox"/> Financial aid		Covers	<input type="checkbox"/> Books	<input type="checkbox"/> Tuition	<input type="checkbox"/> Other
Type	Grant _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fees
	Loan _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Scholarship _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other _____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Institution: \_\_\_\_\_

Financial Aid Officer: \_\_\_\_\_  
(Please Print)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Semester/Quarter \_\_\_\_\_

Phone: \_\_\_\_\_