



## 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. You can also fax this form to the Fiscal Department @ 916-263-6124. Thank you.

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

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

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

Student is receiving:

No financial aid

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

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

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

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

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

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