

**Financial Aid Release Form**

Kids' Chance California, 808 R St Suite 209 Sacramento, CA 95811  
Phone: 415-877-KIDS (5437) | Web: <http://kidschanceca.org/> | Email: [scholarships@kidschanceca.org](mailto:scholarships@kidschanceca.org)

**TO BE COMPLETED BY THE STUDENT**

*Submitting this form does not guarantee that the student will receive funding.*

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Last 4 digits of Social Security No.: \_\_\_\_\_

Do you plan to enroll full-time for the academic year?  Yes  No, I plan to enroll in \_\_\_\_ Fall credits and \_\_\_\_ Spring credits

Student signature release: \_\_\_\_\_ Date: \_\_\_\_\_

I have applied for a Kids' Chance California scholarship for the academic year to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to Kids' Chance California, Inc.

**TO BE COMPLETED BY THE FINANCIAL AID OFFICE**

*Please provide the requested financial aid information based on the student's reported enrollment plans above.*

School Name: \_\_\_\_\_

Campus Location: \_\_\_\_\_

Calendar System:  Semester  Trimester  Quarter

Current Fall Credits Enrolled: \_\_\_\_\_ Current Spring Credits Enrolled: \_\_\_\_\_

Has student submitted a FAFSA?  Yes  No

Federal Expected Family Contribution: \$ \_\_\_\_\_

Institutional Expected Family Contribution: \$ \_\_\_\_\_

Yearly Cost of Attendance\*: \$ \_\_\_\_\_

\*As defined by the U.S. Higher Education Act of 1965, to include tuition, fees, room, board, transportation, books, supplies, etc.)

Pell Grant Amount Offered: \$ \_\_\_\_\_

If Pell Grant not available, please indicate reason:  EFC Too High  Not Meeting SAP  Other

Does this student meet Satisfactory Academic Progress?  Yes  No

Maximum amount student can receive before institutional grant is reduced: \$ \_\_\_\_\_

Total amount of Gift Aid/Grants/Scholarships offered (Yearly Total only, including Pell Grant amount): \$ \_\_\_\_\_

Student's major: \_\_\_\_\_ Student's Cumulative GPA (not required if student is newly admitted): \_\_\_\_\_

Student's grade level (FR, SO, JR, SR): \_\_\_\_\_

Signature of Financial Aid representative: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Direct Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE SUBMIT FORM VIA STUDENT PORTAL: <https://apply.kidschanceca.org/>**

or

Email: [scholarships@kidschanceca.org](mailto:scholarships@kidschanceca.org)

Mail to: Kids' Chance California, 808 R St Suite 209 Sacramento, CA 95811