

Financial Aid Release Form

1084 N El Camino Real, Ste B338 • Encinitas • CA • 92024
 P: 415-877-KIDS (5437) | W: <http://kidschanceca.org/> | E: scholarships@kidschanceca.org

THIS SECTION 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: _____ Last 4 digits of Social Security No: _____

Do you plan to enroll full time for the academic year? Yes No, I plan to enroll _____ 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 of California, Inc.

THIS SECTION 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 the student submitted a FAFSA? Yes No Federal Student Aid Index: \$ _____

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 the Pell Grant is 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):

**Do not include any prior Kids' Chance of California scholarships.*

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: _____

EMAIL COMPLETED FORM TO: scholarships@kidschanceca.org