



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

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: _____