

Financial Aid Release Form

Kids' Chance California, 3121 Park Avenue, Suite C, Soquel, CA 95073
Phone: 415-877-KIDS (5437) | Web: <http://kidschanceca.org/> | Email: 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

Mail to: Kids' Chance California, 3121 Park Avenue, Suite C, Soquel, CA 95073