SCHOOL FINANCIAL AID AND EXPENSE VERIFICATION

COUNTY OF

Notice Date : _____
Case Name : _____
Case Number : _____
Worker Name : _____
Worker Number : _____
Telephone Number: _____
Address : _____
_____
_____

(Addressee)

INSTRUCTIONS FOR COUNTY:
This form is an optional form to be used to verify student financial aid and expenses. When requesting verification, this form must be sent or given to the student with the CW 2200, verification request form detailing the verifications needed, the date(s) they are due and the methods they can use to return the form and/or verifications.

INSTRUCTIONS FOR THE STUDENT:
This form is an optional form you can use to give the county that needs to figure out your eligibility and cash aid amount. You can give this information to the county without this form but you must give the information by the due date the county tells you or your cash aid can be lowered or stopped. If you need information about your student aid or loan, you can get it from your aid or loan provider. If you have questions about the information the county needs or need help getting it, call the county before the due date.

1. Student enrollment status: ☐ Full Time ☐ Half Time ☐ Less than Half Time

   Number of units per semester/quarter: _____

2. Have they received or been awarded any grants, scholarships, GI Bills or loans for the current school year? ☐ Yes ☐ No

If yes, complete the section below:

Name of Grant, Scholarship, GI Bill. Loan:	Date Awarded:	Date Received:	Gross Amount:	Period of Coverage:

3. Is Room & Board included in the grant? ☐ Yes ☐ No

   If yes, what is the amount? $_____

4. If your student aid is from a private grant or loan, please list the amount of your expenses paid from the grant or loan and attach receipts:

Expense	Total Dollar Amount
Tuition:	
Transportation:	
Mandatory Fees:	
Dependent Care:	
Books and Supplies:	
Miscellaneous:	
Personal:	

5. Have you been approved to participate in a Federally Funded Work Study Program?
   ☐ Yes ☐ No

Assignment: _____ Begin Date: _____ End Date: _____

Hours per Week: _____ Amount paid per hour: _____ Date(s) Paid: _____

Signature of Student: _____ Date: _____

Student Telephone Number: _____