

STUDENT FINANCIAL AID / WORK STUDY VERIFICATION REQUEST

Case Name:
Case Number:
Worker Name:
Worker Number:
Worker Telephone:
Date:

Student Name:
Student SSN:

Name of School

Address of School

I authorize the release of information requested below regarding my financial aid/work study for the
to school year.

Student Signature: Date:

Student is enrolled: 1/2 Time or More Less than 1/2 Time

FINANCIAL AID

Table with 5 columns: Award Type, Date Received Or Expected, Total Amount, Contains Title IV Funding, Dates Intended to Cover. Includes rows for Yes/No funding and From/To dates.

WORK STUDY

Assignment: Begin Date: End Date:

Hours per Week: Amt. paid per hour: Date(s) Paid:

STUDENT EXPENSES

Please attach a copy of the institutions current student budget, indicating the amounts applicable to the above named student, and complete the following:

Table with 4 columns: Expense, Total Amount, Expense, Total Amount. Lists Tuition, Mandatory Fees, Books and Supplies, Transportation, Dependent Care, Miscellaneous Personal.

Additional Comments:

Completed By: Title

Phone: Date:

PETICION PARA VERIFICACION DE INGRESOS DEL ESTUDIANTE

Nombre del Caso:  
 Número del Caso:  
 Nombre de Trabajador(a):  
 Número de Trabajador(a):  
 Número de Teléfono:  
 Fecha:  
 Nombre del Estudiante:  
 Número de Seguro Social:

\_\_\_\_\_  
 Nombre de la Escuela  
 \_\_\_\_\_  
 Dirección de la Escuela

Yo autorizo que se facilite la información según se solicita abajo sobre mi asistencia financiera/análisis laboral del año escolar de \_\_\_\_\_ a \_\_\_\_\_.

Firma del Estudiante: \_\_\_\_\_ Fecha: \_\_\_\_\_

Student is enrolled:  1/2 Time or More  Less than 1/2 Time

**FINANCIAL AID**

<u>Award Type</u>	<u>Date Received Or Expected</u>	<u>Total Amount</u>	<u>Contains Title IV Funding</u>	<u>Dates Intended to Cover</u>
_____	_____	_____	( ) Yes ( ) No	From _____ To _____
_____	_____	_____	( ) Yes ( ) No	From _____ To _____
_____	_____	_____	( ) Yes ( ) No	From _____ To _____
_____	_____	_____	( ) Yes ( ) No	From _____ To _____

**WORK STUDY**

Assignment: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Hours per Week: \_\_\_\_\_ Amt. paid per hour: \_\_\_\_\_ Date(s) Paid: \_\_\_\_\_

**STUDENT EXPENSES**

Please attach a copy of the institution's current student budget, indicating the amounts applicable to the above named student, and complete the following:

<u>Expense</u>	<u>Total Amount</u>	<u>Expense</u>	<u>Total Amount</u>
Tuition	\$ _____	Transportation	\$ _____
Mandatory Fees	\$ _____	Dependent Care	\$ _____
Books and Supplies	\$ _____	Miscellaneous Personal	\$ _____

Additional Comments: \_\_\_\_\_

Completed By: \_\_\_\_\_ Title \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT FINANCIAL AID/EXPENSE VERIFICATION  
COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY**

**NAME OF EDUCATIONAL INSTITUTION**

**DATE**

**CASE NAME:**

**CASE NO:**

**ET NAME**

**ET NUMBER**

**EDUCATIONAL/TRAINING VERIFICATION**

**STUDENT'S NAME**

**SSN#**

In order to process my application for assistance certain financial and enrollment information must be verified. I request and authorize you to disclose to the San Diego County Health and Human Services Agency the information requested below. This information will be used to evaluate my eligibility.

**Student Signature**

**Date**

**EDUCATIONAL/TRAINING INSTITUTION PLEASE COMPLETE BELOW:**

**NOTE: PLEASE COMPLETE PROMPTLY AND COMPLETELY. THE STUDENT'S ELIGIBILITY IS DEPENDENT ON THIS INFORMATION.**

**1. ENROLLMENT:**

The student name above is enrolled for \_\_\_\_\_ units.

The student is considered (check one)  less than 1/2 time  1/2 time  
 3/4 time  full time

The school year is based on (check one)  semesters  quarters

**2. TUITION AND MANDATORY FEES:**

Tuition Amount \$ \_\_\_\_\_ Term covered (show dates): \_\_\_\_\_ thru \_\_\_\_\_

Mandatory Fees \$ \_\_\_\_\_ Term covered (show dates): \_\_\_\_\_ thru \_\_\_\_\_

**3. FINANCIAL AID:** (such as VA benefits, awards, grants, scholarships, fellow-ships, deferred payment loans, book credits, etc.)

TYPE OF AID	AMOUNT	DATE OF RECEIPT	AMOUNT PAID TO		PERIOD COVERED	EXPENSES INTENDED TO COVER	
			STUDENT	SCHOOL		BOOKS	PERSONALS
_____	\$ _____	___/___/___	\$ _____	\$ _____	___/___/___	\$ _____	\$ _____
_____	\$ _____	___/___/___	\$ _____	\$ _____	___/___/___	\$ _____	\$ _____
_____	\$ _____	___/___/___	\$ _____	\$ _____	___/___/___	\$ _____	\$ _____
_____	\$ _____	___/___/___	\$ _____	\$ _____	___/___/___	\$ _____	\$ _____

**4. WORK STUDY (WS)**

Total Award: \$ \_\_\_\_\_ Period Intended to Cover: \_\_\_\_\_ thru \_\_\_\_\_ Hours per Week: \_\_\_\_\_

Hourly Pay: \$ \_\_\_\_\_ How often paid: \_\_\_\_\_ First Pay Date: \_\_\_\_\_

Paid to (check one):  Student  Institution Date Work Study began: \_\_\_\_\_

COMBINED CALWORKS/TITLE IV WORK STUDY (Amount Paid) \$ \_\_\_\_\_

TITLE IV WORK STUDY ONLY (Amount Paid) \$ \_\_\_\_\_

CALWORKS WORK STUDY ONLY (Amount Paid) \$ \_\_\_\_\_

**5. TYPE OF PROGRAM:**

- Undergraduate Degree Program
- Graduate Degree Program

**6. IS A HIGH SCHOOL DIPLOMA REQUIRED FOR ENROLLMENT?**

- YES  NO

**AUTHORIZED SIGNATURE**

**TITLE:**

**DATE:**

**PHONE NUMBER**