

## FINANCIAL AID INFORMATION REQUEST FORM

STUDENT'S NAME		STUDENT ID #		
I,	, request the Fi	nancial Aid Office(s) a	it the <u>Ventura Count</u>	y Community
I,	ling my financial aid	status.		
STUDENT'S SIGNATURE		DATE		
	OFFICE USE O			
The student above has requested that we verify their for financial aid in order to re-establish their eligibility for the academic year based on full-time enrollment.	, which is determin	ed by the student's c	ost of attendance. St	udents are awarded
e following information is for:		Spring Summer		
<ul> <li>As of today, we have no record of this studer</li> <li>As of today, this student has applied for assis</li> <li>As of today, this student has only been award</li> <li>Fee Waiver). <i>This is <u>not</u> a grant. It is a waiver</i></li> <li>This student has been awarded/disbursed the</li> </ul>	tance, but their awa ded a California Coll for enrollment fees	ard has not yet been o ege Promise Grant (fo <i>only.</i>		ard of Governors (BOG
Fund	Fall Award	Spring Award	Summer Award	]
Pell Grant	\$	\$	\$	
FSEOG	\$	\$	\$	
Cal Grant	\$	\$	\$	
Full Time Student Success Grant	\$	\$	\$	
Community College Completion Grant	\$	\$	\$	
Federal Work Study	\$	\$	\$	
Direct Loan Subsidized	\$	\$	\$	
Direct Loan Unsubsidized	\$	\$	\$	
Other	\$	\$	\$	
The student's cost of attendance is				-
The student's EFC is				
The student's unmet need is	·			
Comments:				
FINANCIAL AID OFFICE – AUTHORIZED SIGNATURE		DATE		

OFFICIAL TITLE

PHONE NUMBER