

MOORPARK • OXNARD • VENTURA  
FINANCIAL AID OFFICE

## 2011-12 STUDENT STATEMENT OF EDUCATIONAL RESOURCE/BENEFIT FORM

Name: \_\_\_\_\_ SSN/ID \_\_\_\_\_

This form is to be used to report educational resources and/or benefits you will be receiving from an outside agency (i.e. Cal Works, Vocational Rehabilitation, private scholarship organization, etc.). Please complete the following and indicate the type and amount of benefit you will receive for each of the semesters indicated. If you receive benefits from more than one agency, please complete a separate form for each one.

Source of Benefit:    ☐ Cal Works                      ☐ Scholarship(s)                      ☐ Vocational Rehabilitation  
                                 ☐ CARE (EOPS)                      ☐ Other \_\_\_\_\_ (please specify)

Type of Benefit/Allowance	Summer 2011	Fall 2011	Spring 2012	Summer 2012
Grant	\$	\$	\$	\$
Books/Supplies Voucher	\$	\$	\$	\$
Gas Voucher	\$	\$	\$	\$
Enrollment/Tuition fees Voucher	\$	\$	\$	\$
Child Care Voucher	\$	\$	\$	\$
Meal Ticket Voucher	\$	\$	\$	\$
Auto Repair(s) Voucher	\$	\$	\$	\$
Bus Tokens	\$	\$	\$	\$
<b>Scholarship(s) – list separately:</b>				
Organization:	\$	\$	\$	\$
Organization:	\$	\$	\$	\$
Organization:	\$	\$	\$	\$
Organization:	\$	\$	\$	\$
Organization:	\$	\$	\$	\$
Other (specify)	\$	\$	\$	\$

The person signing this form certifies that all the information reported on it is complete and correct.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

Entered By: \_\_\_\_\_

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

