

# MOORPARK • OXNARD • VENTURA FINANCIAL AID OFFICE

## 2013-2014 BENEFIT/RESOURCE FORM

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID #

You have indicated in your financial aid file that you are receiving education benefits from an outside agency for the type of assistance listed below. Please submit this form to the agency providing the benefits (i.e. Cal Works, Vocational Rehabilitation, etc.) for confirmation of benefits.

I authorize the program/agency to release all information to the Financial Aid Office.

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

\_\_\_\_\_  
Date

### BOTTOM PORTION TO BE COMPLETED BY AGENCY ONLY

The student above has applied for financial assistance for the 2013-2014 school year and has indicated he/she is receiving benefits from your agency/program. In order to determine eligibility for the student, please provide the following information. **Please do not leave items blank and please provide total amounts for each semester (i.e. \$300 travel; not ".31 per mile").**

Type of Benefit/Allowance	Fall 2013	Spring 2014	Summer 2014
Books/Supplies Voucher	\$	\$	\$
Gas Voucher	\$	\$	\$
Enrollment/Tuition fees Voucher	\$	\$	\$
Child Care Voucher	\$	\$	\$
Meal Ticket Voucher	\$	\$	\$
Auto Repair(s) Voucher	\$	\$	\$
Bus Tokens	\$	\$	\$
CalWorks Workstudy	\$	\$	\$
<b>Scholarship(s) – list separately:</b>			
Organization:	\$	\$	\$
Organization:	\$	\$	\$
Other (specify)	\$	\$	\$

☐ No record of student applying for benefits

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

\_\_\_\_\_  
Signature of Authorized Personnel

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Agency

\_\_\_\_\_  
Telephone Number

**FOR OFFICE USE ONLY**

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

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

