

MOORPARK • OXNARD • VENTURA
FINANCIAL AID OFFICE

2014-2015 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 2014-2015 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 provide exact amounts for type of benefit received for each semester (i.e. \$300 travel; not ".31 per mile"). If you do not have exact amounts, please provide an estimate for each benefit the student is expected to receive.

PLEASE DO NOT LEAVE BLANK.

Type of Benefit/Allowance	Fall 2014	Spring 2015	Summer 2015
Books/Supplies Voucher	\$	\$	\$
Gas Voucher	\$	\$	\$
Enrollment/Tuition fees Voucher	\$	\$	\$
Child Care Voucher	\$	\$	\$
Meal Ticket Voucher	\$	\$	\$
Auto Repair(s) Voucher	\$	\$	\$
Bus Tokens	\$	\$	\$
CalWorks Workstudy	\$	\$	\$

☐ 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:_____