LIFE Assistance Scholarship $500

Return the completed application and budget worksheet to the Financial Aid Office.

Your budget must be reviewed by the financial aid office at the time of submission.

Winter 2020 Deadlines: 2/5/20 and 3/4/20

Criteria:

- Must demonstrate financial need
- Unusual or emergency expenses - receipts are required at time of submission
- Complete budget sheet (back of application)
- Have your budget reviewed by the financial aid office
- A student may receive the Life Assistance a maximum of two times in a 9 month loan period
- Attach Essay (typed): I am applying for this award because……..

Name:_____
last first middle

College Email Address: _____

Telephone :(___) _____

Current Quarter: _____ Student ID: _____

Please answer the following questions.

Are you currently working?

What federal loan programs are you using? If none, explain why.

Do you have any unusual expenses? I.e. childcare, dental/medical expenses or car repairs. Please attach receipts to your application and list on the budget section.

Scoring Rubric Point Values:

- 0-4 points categories
  - Documentation/High Need: 3.5 – 4 points; (Receipts, emergency/unexpected, budget)
  - Documentation/Need: 2-3 points; (Receipts, budget)
  - No documentation/Minimal Need: 0-1 points (No receipts, income exceeds expenses
- 0-2 points category
  - Essay supports budget/documentation: 1-2 points;
  - Essay does not provide sufficient explanation: 0-1 points

Date Received:

Reviewed by:

BUDGET WORKSHEET

Monthly Income		
Student Loans/Canadian loan/international loan/line of credit	$	(your refund check(s) divided by 3)
Scholarships	$	
Work-Study Earnings	$	
Off Campus Job	$	
Spouse Income	$	
Family/friend support	$	
County Assistance	$	SNAP,CalWORKS,CalFresh, etc
Total Monthly Income:	$	

Checking Acct balance	$	(indicate as of what date)
Savings balance	$	(indicate as of what date)

Expenses	Monthly
Rent	
Food	
Books/Supplies	
Transportation	
Clothing	
Insurance – Car	
Insurance – Health	
Laundry	
Personal	
Recreation	
Telephone	
Utilities	
Other:	
Alimony/Child Support	
Child Care	
Gifts/Contributions	
Installment Payments	
Insurance – Life	
Medical/Dental	
Taxes	
Car Payment	
Credit Card Payment	
Total monthly Expenses	

If necessary, provide any written explanations of your budget in the space provided below:

One time or unusual and/or emergency expenses:
(list expense (s), date occurred and amount)

Revised 5/3/19