

TULE RIVER HIGHER EDUCATION PROGRAM

568 W. OLIVE AVE.
PORTERVILLE, CA 93257
(559) 791-9136 ~ FAX (559) 791-9498

STUDENT NAME ADDRESS SSN/STUDENT ID# PHONE #

TO BE COMPLETED BY THE COLLEGE FINANCIAL AIDE OFFICER

This student is considered: _____ Independent _____ Dependent

_____ has applied for a Higher Education Grant. The applicant is requesting to apply for college based aid, Pell Grant, State Grant and all other sources of aid available. Verified financial need information is required through your office before our office can take action on his/her application.

BUDGET PERIOD: FROM: _____ TO: _____ Which will start on ____/____/____. Our college is
Semester _____ Quarter _____ Tri-Semester _____ Other _____

_____ BUDGET =

_____ Tuition	_____ Fees
_____ Books & Supplies	_____ Utilities
_____ Room	_____ Food
_____ Transportation	_____ Child Care
_____ Personal (200.00/month)	_____ Other

_____ Expected parental contribution: Calculated from the information on your financial statement.

_____ Expected student contribution: Combination of school year earnings, assets & savings.

_____ Spouse's contribution if applicable.

_____ Financial Need

AID/RESOURCES:

Pell Grant _____	BOGG _____	EOPS _____	CARE _____
Cal WORKs _____	SEOG _____	Cal Grant A&B _____	Scholarship _____
Veterans Benefits _____	Scholarship _____	Scholarship _____	Other _____

_____ **TOTAL AID/RESOURCES**-Recommended amount to be funded by College: \$ _____

Signature: _____
Financial Aid Officer Phone Number Date

College/University Name & Address: _____

I authorize the release of my Financial Aid information to the Tule River Higher Education Program.

Student Signature: _____ Date: _____