

FINANCIAL INFORMATION
Print or type legibly in blue or black ink **ONLY**

You are considered a dependent student if you are under 24 years of age (born after January 1, 1985) unless you are a Graduate Student, are married or have dependents other than a spouse, are an orphan/ward of the court, or are a veteran of the U.S. armed services. If you are a dependent please skip **SECTION 1** and complete **SECTION 2**.

Are you, or have you ever been a foster youth? Yes _____ No _____
If yes, are you able to provide legal documentation confirming this information? Yes _____ No _____

Have you completed the "Free Application for Federal Student Aid" (FAFSA) form? Yes _____ No _____
If yes, what is the status:

SECTION 1. INDEPENDENT APPLICANT:

Are you currently receiving CalWORKs (AFDC, Cash Aid or Welfare)? Yes _____ No _____
Are you receiving SSI (Supplemental Security Income)? Yes _____ No _____
Are you receiving GA (General Assistance)? Yes _____ No _____
Economic Status: is your household annual income less than \$12,525 (for a single person); \$16,875 (for a couple adding \$4,350.00 per dependant child)? Yes _____ No _____
Are you a Displaced Homemaker? An adult who has worked to care for a family and, because of this responsibility is currently unable to find a job or better paying job, due to lack of market experience. Yes _____ No _____
Please estimate your TOTAL annual gross household income: \$ _____

SECTION 2. DEPENDENT APPLICANT ONLY:

Parent(s)/Guardian(s)' Marital Status: Single _____ Married _____ Separated _____ Divorced _____ Widowed _____
Mother's/Guardian's occupation: _____ Father's/Guardian's occupation: _____
Parents/Guardians TOTAL combined annual gross household income: \$ _____
Do your parent(s)/guardian(s) contribute to your educational expenses? Yes _____ No _____
Do you live with your parent(s)/guardian(s) during the academic year? Yes _____ No _____
Number of people your parent(s)/guardian(s) can claim as dependents on their tax return (include yourself): _____
How many dependents are currently in college (include yourself)? _____
Are either parent/guardian a Veteran? _____

Certification and Authorization: Applicant must read and sign below to be eligible.
"All of the information on this application is true and complete to the best of my knowledge. I certify that I meet all eligibility requirements as specified in this application. I understand that I may or may not receive a scholarship and that filling out this application does not guarantee that I will be selected as a recipient of a Chaffey College Foundation scholarship. I understand that all application materials become the property of the Chaffey College Foundation, cannot be returned, and will be treated as confidential. Any knowingly false statements on this application may disqualify me from consideration for a scholarship. I hereby authorize the Chaffey College Foundation to utilize information about my application and my likeness for public relations purposes, publicity, or other scholarship opportunities."

Signature _____ Date _____
(Required)

Type or print legibly. An incomplete application will result in disqualification.