

CALIFORNIA CHAFEE GRANT PROGRAM

FINANCIAL NEED ANALYSIS REPORT

ACADEMIC YEAR (AY) =

The following information is needed so an award amount can be determined for the Chafee Grant Program applicant. Awards will be available for eligible foster youth to pursue and/or continue postsecondary education and training goals.

Federal School Code (OPEID #): Program/Course Start Date =

School Name:
Dream ID or SSN: DOB:
Last Name: First Name: MI:

Student graduated or completed Training Program Student not enrolled Student has not been enrolled half-time
Student has an Incomplete Financial Aid Package Student has not Maintained Satisfactory Progress

If you checked any of the preceding boxes, please sign below and fax to (916) 464-7977

Living Arrangements: On Campus Off Campus With Relatives
Expected Enrollment (minimum 1/2 time): Fall Winter Spring Summer
AY Term: Semester Quarter

Cost of Attendance (COA):
Tuition and Fees: Books and Supplies: Personal:
Room and Board: Transportation: Other:

Total COA:
Expected Family Contribution (EFC):
Financial Need (Total COA - EFC):

Expected Award:
Pell Grant: SEOG: Cal Grant:
Work Study: Loans: Tuition/Fee Waiver:
Other:

Unmet Need Before Chafee:
Chafee Grant Funds Received:
Final Unmet Need:

Educational Level: Title IV eligible program? Yes No Expected Graduation Date:

I declare under penalty of the law of the State of California and of the United States that this form has been examined by me and to the best of my knowledge and belief is true, correct and complete.

Name of Financial Aid Official: _____ Title: _____ Signature: _____

Phone Number: _____ Ext: _____ E-Mail Address: _____

MAIL TO: PO BOX 419029 • RANCHO CORDOVA, CA 95741-9029 • FAX TO: (916) 464-7977 • FOR ASSISTANCE CALL: (888) 224-7268