

Financial Aid Application (President's Work Study)

Academic Year 20____

STUDENT PERSONAL INFORMATION

Name: Last		First			Middle	
Mailing Address						Telephone
City, State Zip				Email		Citizenship
Visa Type	Sex:	M	Birthdate	Perm Number		Entered UCSB Quarter Year
		F				

Married	Yes	No	Spouse's Name				Spouse's Citizenship
Is Spouse Here?			UCSB Student?	Yes	No	If student, funding from UCSB? (TA, TW, etc)	
Spouse Working?			Employer's Name		Monthly Salary	Employer's Phone Number	
Children Here?			Names and Ages				

ACADEMIC INFORMATION

Please Circle				Undergraduate				Graduate			Other		CUM GPA
Fresh	Soph	Junior	Senior	Ltd	MA	MS	PhD						
Major					Units this Quarter		Expected Graduation Date			Will Be Registered			
										Fall	Winter	Spring	
School Last Attended							Country				From	To	

ACADEMIC ADVISORS

In order to consider a foreign student for a President's Work Study award for the _____ academic year, this office needs to ascertain which quarters the student is required to enroll for degree completion. One of the eligibility criteria for President's Work Study is full-time enrollment. Hence, your cooperation in completing the following information would be greatly appreciated.



To the best of my knowledge, this student needs to enroll in *(please circle appropriate quarters)*

FALL WINTER SPRING this academic year in order to complete the degree program.

Signature _____

Date _____

Department _____

FINANCIAL INFORMATION

PARENTS

Total Family Income (Both parents' earnings, Property related, Retirement Pension, Other) _____

Total Family Assets (Value of home, Other real estate, Savings, Investments, Other) _____

Total Family Expenses (Food, Clothing, Medical Educational, Other) _____

STUDENT

EXPENSES FOR NEXT ACADEMIC YEAR (9 MONTHS)

University Tuition & Fees _____

Health Insurance _____

Rent, Food, Utilities _____

Books & Supplies _____

Car Payments & Maintenance _____

Car Insurance _____

Personal Expenses _____

University Debts & Loans _____

Other Debts & Loans (Itemize) _____

TOTAL _____

INCOME FOR NEXT ACADEMIC YEAR (9 MONTHS)

From Parents, Relatives _____

Savings _____

Scholarships _____

Earnings from Employment _____

Spouse's Earnings from Employment _____

Tuition Waivers _____
Dept _____

Teaching Asst. _____
Dept _____

Research Asst. _____
Dept _____

Other (Readership, Work Study) _____

_____ Dept _____

TOTAL _____

TOTAL UNMET FINANCIAL NEED
(Total Expenses Minus Total Income) = \$ _____

CERTIFICATION BY STUDENT

1. The information I have given on this form is true and correct.
2. If I receive any additional aid, I will contact the Office of International Students and Scholars.

Signature of Applicant

Date

ADDITIONAL REMARKS

If there is any additional information about your financial circumstances you would like the allocation committee to know, you may use the space below or attach a separate sheet to this form.