

# Ebell Scholarship Application Financial Resources Profile

**Part I. Student:** Please download and complete Part I of this form. Request your college or university Financial Aid Office to complete Part II and return the form to you. Review accuracy of information they provide and submit the completed Financial Resources Profile to the Ebell of Los Angeles Scholarship Department by the **April 2, 2019 Deadline**. You can submit the form by emailing it to [scholarship@ebelloflosangeles.com](mailto:scholarship@ebelloflosangeles.com) or mailing it directly to: Scholarship Department, Ebell of Los Angeles, 743 S. Lucerne Boulevard, Los Angeles, CA 90005

STUDENT NAME: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_

EDUCATIONAL INSTITUTION: \_\_\_\_\_

I live: \_\_\_\_\_ on-campus, \_\_\_\_\_ off-campus, \_\_\_\_\_ with family

*I authorize the educational institution I am currently enrolled in or have been enrolled in to share all required and requested information with The Ebell of Los Angeles Scholarship Department. I also affirm that the information below is accurate.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Part II. Financial Aid Office:** Please complete Part II of this form for most current **Academic Year**, prior to the, **APRIL 2, 2019 DEADLINE**.

**FINANCIAL AID OFFICER: RETURN COMPLETED FORM TO STUDENT TO UPLOAD WITH APPLICATION.**

## ANNUAL COST OF ATTENDANCE:

Tuition \$ \_\_\_\_\_

Mandatory Fees \$ \_\_\_\_\_

Books / Supplies \$ \_\_\_\_\_

Health Insurance \$ \_\_\_\_\_

Lab / Other Fees \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

**TOTAL Cost of Attendance** \$ \_\_\_\_\_

## ANNUAL FINANCIAL RESOURCES:

Expected Family Contribution \$ \_\_\_\_\_

Pell Grant \$ \_\_\_\_\_

FSEOG \$ \_\_\_\_\_

University Grants \$ \_\_\_\_\_

Institutional/Tuition Waiver \$ \_\_\_\_\_

Work Study \$ \_\_\_\_\_

Other Scholarship(s)/Gift aid \$ \_\_\_\_\_

**TOTAL Financial Resources** \$ \_\_\_\_\_

**Total Annual Cost of Attendance MINUS  
Total Annual Financial Resources  
(Do not include loans in this figure)**

**TOTAL  
UNMET \$ \_\_\_\_\_  
NEED**

Name/Title of Financial Aid Officer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Financial Aid Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_