

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 4, 2022 deadline**. You can submit the form by emailing it to Scholarship@EbellofLA.org 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 4, 2022 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 \$ _____

Other \$ _____

TOTAL Cost of Attendance \$ _____

ANNUAL FINANCIAL RESOURCES:

Expected Family Contribution (EFC) \$ _____

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 completing this form: _____

Email Address: _____ Phone Number: _____

Financial Aid Officer Signature: _____ Date: _____