

# CharterCARE Foundation Financial Aid Worksheet

APPLICANT NAME:

Cost of education per year:

Amount

Total

**EXPENSES**

Tuition and Fees

Room and Board

Books and Supplies

Transportation

**TOTAL EXPENSES**

 A

**INCOME**

**Name of Grant or Scholarship**

Federal, State and Other



Awards (list loans and work study in Loan section below)







College Grants and



Scholarships (list loans and work study in Loan section below)









**TOTAL GRANTS AND SCHOLARSHIPS**

 B

Expected Family Contribution (EFC) from Student Aid Report (SAR)

 C

TOTAL INCOME (Item B plus Item C)

 D

Financial Need (Item A minus Item D)

 E

**LOANS AND WORK STUDY**

**Name of Source**









**TOTAL LOANS AND WORK STUDY**

Do you have any unusual personal, financial or family circumstances that warrant special attention by the selection committee? Please be specific.

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## INCOME AND ASSET DATA

I am classified as a **Dependent**

If your parents claim you as a tax exemption, have your parents complete the section below using information from their most recent IRS tax return. If you are married, check the independent box and provide information on both you and your spouse.

I am classified as **Independent**  The following criteria will determine whether you are an Independent Student:

- (1) You have reached your 24th birthday before January 1 of the beginning of the academic year for which you are applying for financial aid.
- (2) You are working on a master's or doctorate program.
- (3) You were married as of the day you filed FAFSA.
- (4) You have children who receive more than half of their support from you.
- (5) You have dependents (other than your children or spouse).
- (6) You are an orphan, or are/were (until age 18) a ward/dependent of the court.
- (7) You are a veteran of the U.S. Armed Forces.
- (8) You are currently active duty military personnel for other than training purposes.

If you are independent, information about you and your spouse (if applicable) must be included. You do not need to supply information from your parents. Figures should be taken from your most recent U.S. Income Tax Return. You are an independent student if you are 24 years of age or older.

	<b>Parent</b>	<b>Independent Student/ Adjusted gross income (annual, Spouse from U.S. income tax return)</b>
<b>Total U.S. income tax paid</b>		
<b>Income earned</b> (breakdown parent)Parent B		
<b>Other income and benefits</b> (Social Security, Pension Benefits, Family Independence Program, Disability, Child Support)		
<b>Cash, savings, bonds, stocks, checking accounts, certificates of deposit (CDs), etc.</b> (DO NOT LIST IRAs or pension accounts)		
<b>Net value of real estate holdings not used as a primary residence</b>		
<hr/>		
<small>(For dependent students only):</small>		
<b>Dependent student's earned income</b>		
<b>Student's savings</b>		

**Additional information you wish to share:**

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List all family members supported at least half-time by parents. **Do NOT include yourself.**

name/age	school/tuition	relationship to the applicant
name/age	school/tuition	relationship to the applicant
name/age	school/tuition	relationship to the applicant
name/age	school/tuition	relationship to the applicant
Use reverse side for additional names		

**Total number family members:** \_\_\_\_\_ **Total # of Dependents** \_\_\_\_\_

**Marital status** (parents if dependent; self if independent): Single Married Divorced Widowed (Circle one)

**Dependent Students:**

Name of Parent or Guardian A: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Name of Parent or Guardian B: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

**Independent Students:**

Name of spouse \_\_\_\_\_

Name of spouse employer \_\_\_\_\_

Employer address/location \_\_\_\_\_