

# 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
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**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
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**LOANS AND WORK STUDY**

**Name of Source**



**TOTAL LOANS AND WORK STUDY**

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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/</b>		<b>Adjusted gross income (annual, Spouse from U.S.</b>
income tax return)	_____	_____		_____
<b>Total U.S. income tax paid</b>	_____	_____	byParent A	_____
<b>Income earned</b> (breakdown	_____	_____	Parent B	_____
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. (DO NOT LIST IRAs or pension accounts)</b>	_____	_____		_____
 <b>Net value of real estate holdings not used as a primary residence</b>	_____	_____		_____

(For dependent students only):  
**Dependent student's earned income** \_\_\_\_\_

**Student's savings** \_\_\_\_\_

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

	Divorce		
	d		
	Widowed		

**Marital status** (parents if Married dependent; self if independent): \_\_\_\_\_ Single

**Dependent Students:**  
\_\_\_\_\_

Name of Parent or Guardian A: Name of Employer:

  

Name of Parent or Guardian B:

Name of Employer:

### CharterCARE Foundation Financial Aid Worksheet

p.3

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

Total number family members:

Total # of Dependents

  

Divorce  
d  
Widowed

Marital status (parents if Married dependent; self if independent): Single

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 \_\_\_\_\_