

CHARTERCARE FOUNDATION

Financial Aid Worksheet

Applicant's Name _____

Please complete the following worksheet detailing your education costs for **one** academic year.

INCOME			
Grants & Scholarships	<i>Name</i>	<i>Amount</i>	<i>Total</i>
Federal, State, Other			
Awards			
College Grants & Scholarships			
Other			
		Total Grants & Scholarships	\$
Loans & Work Study	<i>Name</i>	<i>Amount</i>	<i>Total</i>
Source			
		Total Loans/Work Study	\$
Applicant Income	<i>Name</i>	<i>Amount</i>	<i>Total</i>
Expected Family Contribution (EFC)			
Student Aid Index (SAI) from FAFSA			
Student Income (employment)			
		Total Applicant Income	\$
		TOTAL INCOME*	\$
*TOTAL INCOME = Grants & Scholarships + Loans & Work Study + Applicant Income			

EXPENSES			
	<i>Item</i>	<i>Amount</i>	<i>Total</i>
	Tuition		
	Fees (list each)		
	Room & Board		
	Books & Supplies		
	Transportation		
	Other		
		TOTAL EXPENSES	\$

Total Expenses	\$
Total Income	\$
Financial Need	\$

Unusual personal, financial or family circumstances that warrant special attention by the selection committee can be added below. Please be specific.

(For dependent students only):

Dependent student's earned income _____

Student's savings _____

Total number family members:	Total # of Dependents
_____	_____
Marital status (parents if independent): Single Married dependent; self if	Divorced Widowed
<input style="width: 150px; height: 20px;" type="text"/> <input style="width: 150px; height: 20px;" type="text"/>	
Dependent Students:	
Name of Parent or Guardian A: Name	of Employer:
<input style="width: 200px; height: 20px;" type="text"/> <input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 200px; height: 20px;" type="text"/> <input style="width: 200px; height: 20px;" type="text"/>
Name of Parent or Guardian B:	
Name of Employer:	