

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 3, 2023**. 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 3, 2023 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: _____