



Financial Aid Application

To be submitted with your regular application materials by June 10, 2010 for priority decisions.

- ✓ Eligibility
 - a. Must be a resident of the City of Chicago
 - b. Financial aid is income based
 - i. Criteria for income eligibility follows the US Department of Health and Human Services Poverty Guidelines at 300% of the 2009 rates
 - ii. First come first served basis
- ✓ Process
 - a. Complete the required application forms and the financial aid forms in their entirety and attached required documentation of income
 - i. Documentation includes one of the following: pay stubs, recent tax filing, government assistance (Social Security, TANF, unemployment check stubs), child support documents or retirement or pension income
 - b. Your eligibility is confirmed by a financial aid committee
 - c. Notice is sent via email or mail to you and your parent prior to the start of My Chicago with instructions on how to accept the financial aid award if offered
 - d. All decisions will be made no later than June 30, 2010

FORM: Financial Aid

Applicant Name

Date of Birth

Parent / Guardian Name

Street Address

Zip Code

Phone

Email

Additional persons in household aside from parent/guardian and student:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Annual Household Income Total: _____ # in Household: _____

Verification:

To process your application, we will need the following information for all adults in the household to verify income (as applies) Please check off all items attached:

- Last two pay stubs Unemployment check stubs Child support
- Social Security (SSI) Retirement /pension income Welfare / TANF stub

Please describe any special circumstances that should be taken into consideration when reviewing your application for financial assistance:
(You may attach additional pages if necessary)

I certify that I am a resident of the City of Chicago and that the statements above are true and correct:

Parent Signature

Date

Office use only:

Reviewed by: _____ Date: _____

Scholarship granted: YES NO Award Amount: _____

Decision Information Sent: _____ To: Parent Student Balance: _____