





**FINANCIAL INFORMATION**  
Print or Type **legibly** in blue or black ink **only**

You are considered a dependent student if you are under 24 years of age (born after January 1, 1985) unless you are a Graduate Student, are married or have dependents other than a spouse, are an orphan/ward of the court, or are a veteran of the U.S. armed services. If you are a dependent please skip **SECTION 1** and complete **SECTION 2**.

Have you completed the "Free Application for Federal Student Aid" (FAFSA) form? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what is the status:

---

---

**SECTION 1. INDEPENDENT APPLICANT:**

Are you currently receiving CalWORKs (AFDC, Cash Aid or Welfare)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you receiving SSI (Supplemental Security Income)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you receiving GA (General Assistance)? Yes \_\_\_\_\_ No \_\_\_\_\_

Economic Status: is your household annual income less than \$12,525 (for a single person); \$16,875 (for a couple adding \$4,350.00 per dependant child)? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Displaced Homemaker? An adult who has worked to care for a family and, because of this responsibility is currently unable to find a job or better paying job, due to lack of market experience. Yes \_\_\_\_\_ No \_\_\_\_\_

Please estimate your TOTAL annual gross household income: \$ \_\_\_\_\_

**SECTION 2. DEPENDENT APPLICANT ONLY:**

Parent(s)/Guardian(s)' Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

Mother's/Guardian's occupation: \_\_\_\_\_ Father's/Guardian's occupation: \_\_\_\_\_

Parents/Guardians TOTAL combined annual gross household income: \$ \_\_\_\_\_

Do your parent(s)/guardian(s) contribute to your educational expenses? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you live with your parent(s)/guardian(s) during the academic year? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of people your parent(s)/guardian(s) can claim as dependents on their tax return (include yourself): \_\_\_\_\_

How many dependents are currently in college (include yourself)? \_\_\_\_\_

Are either parent/guardian a Veteran? \_\_\_\_\_

**Certification and Authorization:** Applicant must read and sign below to be eligible.  
"All of the information on this application is true and complete to the best of my knowledge. I certify that I meet all eligibility requirements as specified in this application. I understand that I may or may not receive a scholarship and that filling out this application does not guarantee that I will be selected as a recipient of a Chaffey College Foundation scholarship. I understand that all application materials become the property of the Chaffey College Foundation, cannot be returned, and will be treated as confidential. Any knowingly false statements on this application may disqualify me from consideration for a scholarship. I hereby authorize the Chaffey College Foundation to utilize information about my application and my likeness for public relations purposes, publicity, or other scholarship opportunities."

Signature \_\_\_\_\_  
(Required)

Date \_\_\_\_\_