



**Student Financial Services**  
**2021-2022 RESOURCES REPORT**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID #

- 1)  Between **7/1/2021 and 6/30/2022** I expect to receive the following assistance for educational expenses from an **Outside Agency or Program** such as Vocational Rehabilitation, employer sponsorship, etc. (Do NOT include EOPS assistance, TRIO assistance or VA educational benefits.)

a) Identify Agency or Program \_\_\_\_\_

b) Indicate the expenses that this agency or program will cover during the 2021-2022 school year:

<u>Expenses</u>		<u>Terms</u>
<input type="checkbox"/> Books/Supplies	→	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<input type="checkbox"/> Tuition/Fees	→	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<input type="checkbox"/> Dependent Care	→	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<input type="checkbox"/> Transportation	→	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
<input type="checkbox"/> Other-Explain _____		

If the expenses you indicate above are not fully covered by the agency or program you listed, please explain your share of the costs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2)  Between **7/1/2021 and 6/30/2022**, I will **not** receive assistance for educational expenses from any outside agency or program.

*I certify that the information provided on this form is true and complete. I understand that this information will be used to determine the student's eligibility for financial aid and that false or misleading information may be the cause for termination of aid and repayment of funds received. I also understand that purposely reporting false or misleading information may result in fines or imprisonment or both.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date