

County of San Mateo Human Services Agency



Reply to Office Checked:
 400 Harbor Blvd., Belmont 94002
 Tel. #595-5018
 1487 Huntington Avenue, SSF 94080
 Tel. #877-5608/5620
 350 90th Street, 3rd Floor, Daly City 94015
 Tel. #301-8720
 271 92nd Street, Daly City 94015
 Tel. #301-8400

Reply to office Checked:
 2500 Middlefield Road, RWC 94063
 Tel. #599-3811
 2415 University Ave, EPA 94303
 Tel. #363-4218
 Medi-Cal Eligibility
 222 W. 39th Ave. San Mateo 94403
 Tel. #573-2349
 550 Quarry Road, San Carlos 94070
 Tel. #596-1025/1030/1035

Date: _____
 Re: _____
 Soc. Sec. #: _____
 Case #: _____
 Benefits Analyst: _____

Financial Aid Officer: _____

The above-named applicant/recipient for _____ has reported enrollment at your school.
 In order to determine eligibility, we require financial aid information.

I, _____ authorize you to release information concerning my Financial Aid to San

 _____ (signature)
 San Mateo Human Services. Date: _____
 Release of information attached.

Has student applied for financial aid? Yes No
 Was eligibility for financial aid based on neediness? Yes No
 Date received/expected _____ for the period beginning _____ through _____
 Number of Units _____ Length of Term: Quarter _____ Semester _____ Trimester _____ Other _____

LIST AMOUNTS FOR EACH TYPE OF LOAN/GRANT/SCHOLARSHIP

<u>Title IV (A) Grants</u>	<u>Title IV (B) Loans</u>	<u>Other Title IV</u>	<u>Non-Title IV</u>
PELL \$ _____	FELP/Stafford \$ _____	(C) Work Study _____	B.O.G.G. \$ _____
FEOSP \$ _____	CGSL \$ _____	(D) Fed Direct	S.U.G. \$ _____
SEOG \$ _____	Class \$ _____	Loan Demo Project \$ _____	Other \$ _____
SSIG \$ _____	Plus \$ _____	(E)	
Cal Grant A \$ _____	Unsubsidized	Perkins \$ _____	
Cal Grant B \$ _____	Stafford Loan \$ _____		
Cal Grant C \$ _____	FISL \$ _____		
CAMP \$ _____	Other \$ _____		
Other \$ _____			

List the expenses used to calculate the amount of financial aid for the applicant:

Tuition	\$ _____	Housing	\$ _____
Mandatory Fee	\$ _____	Food	\$ _____
Transportation	\$ _____	Child Care	\$ _____
Misc. & Pers.	\$ _____	Total	\$ _____
Books/Supplies	\$ _____		
Sub Total	\$ _____		

Date _____ Financial Aid Officer _____
 _____ (please print)

Telephone _____ Signature _____