

JBead Foundation
Center for Student Financial Aid
P. O. Box 470197
Los Angeles, Ca. 90047

Financial Aid Worksheet

To be completed by an officer of the college or university and sent, along with the completed application, to:

JBead Foundation
Post Office Box 470197
Los Angeles, California 90047

For the Academic Year: _____

Student Name: _____ Social Security No: _____ - _____ - _____

Student will live: ___ On-campus ___ Off-campus ___ Parent's home

Marital Status: ___ Single ___ Married No. of children: _____

Student Budget

Student Resources

Tuition & Fees _____

Parent (Family) Contribution _____

Room & Board _____

Student Contribution _____

Books & Supplies _____

Other _____

Transportation _____

Total Aid from University _____

Personal Expenses _____

Total Student Need _____

Other _____

TOTAL _____

TOTAL _____

DIFFERENCE ("Unmet" Financial Aid Need Required): _____

Describe sources of Grants and Scholarships	Y/N ¹	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Grant and Scholarship Aid Available:		_____

1 – Is the award based on Financial Need, as determined in accordance with Federal or institutional standards?
Please indicate as to each scholarship or grant whether it is based on financial need/subsidized or unsubsidized.

Loans and Work-Study	Y/N ²	Y/N ³	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Loan and Work-Study Aid Available:			_____

2 – Is the award based on Financial Need, as determined in accordance with Federal or institutional standards? Please indicate as to each loan or work-study whether it is based on financial need/subsidized or unsubsidized.

3 – Is the loan Subsidized?

(From above) Financial Aid Required _____

(Less) Total Grant and Scholarship Aid Available _____

(Equals) Additional Amount Needed _____

Total Loan and Work-Study Aid Available _____

Comments:

I CERTIFY THAT: (i) this institution receives its fundamental support from resources other than taxes, and is accredited by an agency recognized by the U.S. Secretary of Education, namely: _____, and (ii) this student has filed a Free Application For Student Aid (FAFSA) and qualifies for financial aid.

Signature _____ Title _____

College or University _____ Date _____

Mailing Address _____ Phone _____

For Academic Year 2005-2006

JBead Foundation
<http://www.jbeadfoundation.com>
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