



**ONEIDA COUNTY DEPARTMENT OF SOCIAL SERVICES**

- Oneida County Office Building, 800 Park Ave, Utica, NY 13501  
Telephone (315) 798-5840 Fax (315) 798-6406
- Rome Office, 300 W Dominick Street, Rome, NY 13440  
Telephone (315) 356-2800 Fax (315) 338-5863

**FINANCIAL AID STATEMENT**

TO WHOM IT MAY CONCERN:

\_\_\_\_\_ is registered in the \_\_\_\_\_  
Department at \_\_\_\_\_ College beginning \_\_\_\_\_  
to \_\_\_\_\_, and is presently:

- Attending Classes Full-Time
- Attending Classes Less Than Half Time
- Withdrawn from All Classes as of \_\_\_\_\_
- Enrolled for, But Will Not Attend Classes as of \_\_\_\_\_

The Student's account has been credited for the following awards:

<u>RESOURCES</u>	<u>DATE RECEIVED</u>	<u>FALL</u>	<u>SPRING</u>
Tuition Assistance Program	_____	_____	_____
Pell Grant	_____	_____	_____
NYHESC Loan	_____	_____	_____
Work Study	_____	_____	_____
Parental Contribution	_____	_____	_____
Other-(Please Specify) _____	_____	_____	_____
<b>TOTAL RESOURCES</b>		_____	_____

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Student has applied for but has not yet received:

	<u>DATE RECEIVED</u>	<u>Estimated Amounts</u>	
		<u>FALL</u>	<u>SPRING</u>
Tuition Assistance Program	_____	_____	_____
Pell Grant	_____	_____	_____
NYHESC Loan	_____	_____	_____
Work Study	_____	_____	_____
Parental Contribution	_____	_____	_____
Other-(Please Specify) _____	_____	_____	_____

Student costs of education are as follows:

<u>ITEM</u>	<u>COST PER YEAR</u>	<u>FALL SEMESTER</u>	<u>SPRING SEMESTER</u>
Tuition	\$ _____	\$ _____	\$ _____
Fees	\$ _____	\$ _____	\$ _____
Books & Supplies	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____
Personal	\$ _____	\$ _____	\$ _____
Other-(Please Specify) _____	\$ _____	\$ _____	\$ _____
<b>Total Cost</b>	<b>\$ _____</b>		

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FINANCIAL AID OFFICE SIGNATURE

I authorize the release of this information to Oneida County Department of Social Services.

\_\_\_\_\_  
WORKER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE