



COMMUNITY ACADEMICS MENTORING

13636 Ventura Boulevard Suite 474
Sherman Oaks, CA 91423
Phone: (310) 614-6979

PERSONAL FINANCIAL STATEMENT

Please complete either Section 1a. or Section 1b. Be as accurate as possible. An Incomplete Personal Financial Statement will result in an incomplete application.

Section 1a. For candidates living at home or receiving assistance from their family:

Father's/Guardian's Name: _____

Occupation: _____

Company Name: _____ Company Phone Number: (____) ____ - ____

Company Address: _____
Street City State Zip

Mother's/Guardian's Name: _____

Occupation: _____

Company Name: _____ Company Phone Number: (____) ____ - ____

Company Address: _____
Street City State Zip

Parent(s)/Guardian(s) combined annual income from wages: \$ _____

Family income from other sources: \$ _____
(i.e., Social Sec., Veterans, AFDC, etc.)

All other income from sources not reported above:
(i.e., stock dividends, monetary gifts, prize money, etc.) \$ _____

Section 1b. For candidates who are financially independent:

Your annual income from wages: \$ _____

Marital Status: Single Married

Spouse's annual income from wages: \$ _____

Family income from other sources: \$ _____
(i.e., Social Sec., Veterans, AFDC, etc.)

All other income from sources not reported above:
(i.e., stock dividends, monetary gifts, prize money, etc.) \$ _____

Names and ages of dependent children or other dependents:

NAME	AGE	RELATIONSHIP
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you receive Financial Aid? Yes No

Have you received scholarships previously? Yes No

SCHOLARSHIP SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

Type of Financial Aid: Federal Private

Amount: \$ _____ Frequency: _____

I am not eligible for Financial Aid or Public Support for higher education because:

Briefly describe any unusual circumstances that affect your financial situation:

I, the undersigned, understand and agree that if I am awarded a scholarship by the CAM Foundation, information about me may be released for publicity purposes or to determine my qualification for receiving the awarded funds. I also understand and agree that if awarded a scholarship, I am required to attend the college, university, or trade school applied for, that I must maintain at least a 3.0 ("B") Grade Point Average or equivalent at all times, and that I must complete a Semester/Quarter Expenditure Report form for each semester or quarter during which my CAM scholarship funds were received or expended.

Applicant's Signature: _____ Date: _____