

Extension Grant Application

Check One	Application Filing Period
Summer 2021 <input type="checkbox"/>	April 26-May 11, 2021
Fall 2021 <input type="checkbox"/>	July 26-August 10, 2021
Winter 2022 <input type="checkbox"/>	November 1-16, 2021
Spring 2022 <input type="checkbox"/>	January 31-February 15, 2022

FOR OFFICE USE ONLY	
Approved Yes <input type="checkbox"/> No <input type="checkbox"/>	
# of Courses _____	
Date Received: _____	
Time: _____	Initials: _____

Applications are only accepted during the application filing period. Only complete applications, including complete financial information, will be considered for an Extension Grant. Applications and supporting documents cannot be accepted by fax and/or e-mail transmission. All applicants are notified by email of approval or denial within 3 weeks after the deadline date.

Submit completed application to: UCLA Extension, Financial Aid Office, 1145 Gayley Avenue, 2nd Floor, Los Angeles, CA 90024

Identification

Name: _____ Daytime Phone: _____
Last First Middle

Address: _____
Number & Street City & State Zip Code

Last 4 digits of Social Security Number: _____ Birth Date: _____

Marital Status: _____ Number of Dependents Including Yourself: _____

Email: _____

Citizenship/Residency/Status

Are you a U.S. Citizen? Yes No

If you have answered "No," check the appropriate box to indicate your status:

- Permanent Resident Refugee International Student Asylee
 Amnesty I-688a I-688 F1 Visa

Attach a copy of your green card or the INS documentation to verify this status (I-151, I-551, I-94, etc.).

COURSES REQUESTED

Note: Very few "limited enrollment" courses are awarded. ("Limited enrollment" is defined as being restricted to 35 students or less.)

First Choice

Course Title: _____ Course Number: _____

Reg Number: _____ Beginning Date: _____ Fee \$ _____

Instructor: _____ Award amount up to \$ 400 _____
 Amount you will owe \$ _____

Second Choice

Course Title: _____ Course Number: _____

Reg Number: _____ Beginning Date: _____ Fee \$ _____

Instructor: _____ Award amount up to \$ 400 _____
 Amount you will owe \$ _____

OBJECTIVE

- Extension Certificate / Name
 Career Advancement
 Credit toward a degree program
 UCLA student on contract for readmission
 Other (specify) _____

UCLA Student I.D.# (UCLA Students only) _____

How will these courses help you achieve your objective?

EDUCATION HISTORY

Circle last year completed.

High School 10 11 12 College 1 2 3 4

College Name	Dates	Degree	Financial Aid Received
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have attended UCLA Extension: Yes No Dates: _____

I have received an Extension Grant: Yes No Quarters: _____

EMPLOYMENT INFORMATION

Employer (Current Or Most Current): _____

Business Phone: _____ Business Address _____

Occupation: _____ Gross Monthly Salary \$ _____

Dates Employed: From: _____ To: _____

Spouse's Employer: _____

Business Phone: _____ Business Address _____

Occupation: _____ Gross Monthly Salary \$ _____

Dates Employed: From: _____ To: _____

If Applicable: (Social Security Number Is Claim Number, please provide only last 4 digits)

Unemployment Claim Number (last 4 digits): _____ Disability Claim Number (last 4 digits): _____

Welfare Social Worker's Name: _____ Social Security Claim Number (last 4 digits): _____

Phone: _____ Voc. Rehab Counselor's Name: _____

Phone: _____

STUDENT STATUS (please check)

I am supported by: 1. Self Beginning Date: _____

2. Parent(s)

3. Spouse

4. Other

If you checked 1, attach a signed copy of your 1040 tax form or a statement explaining why one was not filed, including W-2 forms.

If you checked 2, 3, or 4, attach a signed copy of that person's 1040 tax form or a statement why one was not filed, including W-2 forms.

VOLUNTARY INFORMATION (Optional)

WHAT IS YOUR ETHNIC BACKGROUND? Please check the appropriate box below. Providing this information is voluntary. It will help UCLA Extension plan student programs and measure their effectiveness.

1. American/Pacific Islander

2. Black/African American

3. Caucasian

4. Hispanic/Latino/Chicano

5. Native American/Alaska Native

6. Other: _____

7. Decline to State

ONFIDENTIAL FINANCIAL STATEMENT

Only complete confidential financial statements will be considered for an extension grant.

	MONTHLY	ANNUAL
INCOME		
WAGES, SALARIES, ETC.	\$ _____	\$ _____
SPOUSE'S WAGES, SALARIES, ETC.	\$ _____	\$ _____
CONTRIBUTION FROM OTHERS: (If contribution is not in dollars, compute dollar amount and explain.)*	\$ _____	\$ _____
OTHER: TYPE _____	\$ _____	\$ _____
SOCIAL SECURITY BENEFITS	\$ _____	\$ _____
VETERANS BENEFITS	\$ _____	\$ _____
OTHER: (Child support, welfare, etc.)	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____ **
EXPENSES		
RENT OR MORTGAGE PAYMENT	\$ _____	\$ _____
FOOD	\$ _____	\$ _____
UTILITIES	\$ _____	\$ _____
INSURANCE	\$ _____	\$ _____
HOME/APARTMENT	\$ _____	\$ _____
AUTO	\$ _____	\$ _____
OTHER (i.e., life, theft)	\$ _____	\$ _____
CREDIT CARD PAYMENTS	\$ _____	\$ _____
TRANSPORTATION (car payments, gas, repairs)	\$ _____	\$ _____
MEDICAL/DENTAL	\$ _____	\$ _____
RECREATION	\$ _____	\$ _____
CHILD CARE	\$ _____	\$ _____
CLOTHING	\$ _____	\$ _____
OTHER (include payments on student loans and debts)	\$ _____	\$ _____
SPECIFY: _____		
TOTAL	\$ _____	\$ _____

*Explain any exceptional financial condition on the following page.

**Indicating "0" or "no income" in the total field is not acceptable—application will not be considered for an Extension Grant.

ASSETS AND INDEBTEDNESS (please enter figure or word "NONE")

Cash, savings and checking accounts as of the first of this month \$ _____

Real estate: Market Value _____

 Unpaid Mortgage _____

Investments (stocks, bonds, and others)

Other outstanding debts (not previously included)

If you wish to explain an exceptional financial condition, please use the remainder of this page or attach an additional sheet.

I declare that all information concerning myself and others reported on this application is, to the best of my knowledge, true, correct, and complete. I agree to release this information for verification.

Signature: _____ Date: _____