# http://calahe.org/theme/images/calahe-logo.pngCONNECTICUT ASSOCIATION OF LATINOS

# IN HIGHER EDUCATION, INC.

[***www.calahe.org***](http://www.calahe.org)

***Verification of Financial Need***

***Undocumented Students Only***

*In order to determine eligibility for the CALAHE Scholarship, all applicants must demonstrate proof of financial need as determined by completing a FAFSA, or any alternative financial aid application provided to students who are not eligible to complete a FAFSA but would provide a means to determine financial need and establish eligibility for non-federal financial aid.*

*Undocumented students please use this link* [*www.ct.edu/admission/finaid#undocumented*](http://www.ct.edu/admission/finaid#undocumented) *to apply for financial aid. This application is exclusively for a specific group of undocumented students who cannot apply for federal student aid.*

*The Verification of Financial Need Form must be email to* *CALAHE2017@gmail.com****by Friday, June 2, 2023.*** *Your scholarship application will be considered incomplete without the Verification of Financial Need*

*Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: Date:*

## ***FINANCIAL AID INFORMATION***

*Please have your Financial Aid Office certify the following information.*

*Type of 2020-21 Financial Aid Application: FAFSA \_\_\_\_\_ Other \_\_\_\_\_*

*Student’s Cost of Attendance (COA): $*

*Student’s Expected Family Contribution (EFC): $*

*Student’s Gross Need: $*

***ATTESTATION OF COLLEGE FINANCIAL AID ADMINISTRATOR***

*I hereby state that the financial aid information requested above is true and accurate at the time of this attestation.*

*Name (Print):*

*Title (Print):*

*Name of College/University ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature: Date:*