**Financial Information Summary**

**Applicant Information** Please provide the following information before taking this form to the Student Financial Aid Office.

|  |  |
| --- | --- |
| I authorize the college/university listed below to release the information requested below to the Kalamazoo Community Foundation for consideration during the scholarship selection process. | |
| **College/University** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Student** | | |  | | | | |
| **Address** |  | | | | | | |
| **City/State/Zip** | |  | | | | **Email** |  |
| **Student College ID #** | | | |  | | **Phone** | -     - |
| **Student Signature** | | |  | | | **Date** | /     / |
| **Parent Signature** | | |  | | | **Date** | /     / |
| **Name of Scholarship(s)** | | | | |  | | |

**Financial Information** To be completed by a representative of the college/university listed above.

**Please complete this form and return to the Kalamazoo Community Foundation by the date listed:**

Benjamin and Cheri Gubin Scholarship July 1  
S. Rudolph Light Medical Education Scholarship July 1

**ALL OTHER SCHOLARSHIPS** **March 30**

**Scholarship  
Kalamazoo Community Foundation  
402 East Michigan Avenue**

**Kalamazoo, MI 49007-3888**

**Email: scholarships@kalfound.org | Fax: 269.381.3146**

Please enter the results of your calculation using the methodology applicable to an external scholarship award.

|  |  |  |  |
| --- | --- | --- | --- |
| College Cost/Budget for 2017/2018 | $ |  | |
| Parent Contribution | $ |  | |
| Student Contribution | $ |  | |
| Calculated Need for 2017/2018 | $ |  | |
|  | | | |
| This student was evaluated as  A dependent student  An independent student | | | |
| The student’s grade level classification in the fall of 2017 will be | | |  |

**1 of 2**

|  |  |
| --- | --- |
| Student College ID #: |  |

**To the Financial Aid Office** Information for the 2017/2018 academic year should reflect the aid package offered to the student.

|  |  |  |  |
| --- | --- | --- | --- |
| **Gift Aid** | | **Amount Offered** |  |
| College Gift Aid | |  |  |
| Grants | | $ |  |
| Scholarships | | $ |  |
| Federal Grants/Pell & SEOG | | $ |  |
| Michigan Competitive or Tuition Grant | | $ |  |
| Outside Scholarships, Grants or Gifts | | $ |  |
|  | |  |  |
|  | |  |  |
|  | |  |  |
| **Self-help Aid** | | **Amount Offered** |  |
| Federal Stafford Loan (subsidized only) | | $ |  |
| Federal Perkins Loan | | $ |  |
| Institutional Loan | | $ |  |
| Federal Work-Study (FWS) | | $ |  |
| Other | | $ |  |
|  | |  |  |
|  | |  |  |
| Total Financial Aid Offered (2017/2018 only) | | $ |  |
| Unmet Need for 2017/2018 (need minus aid) | | $ |  |
|  | |  |  |
|  | |  |  |
| This financial aid package is based on | Estimated information, verification pending | | |
|  | Estimated information, no verification pending | | |
|  | Verified information | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of person completing this form: | | | | |  | | |
| Title: |  | | | | | Phone: |  |
| Email: |  | | | | | Fax: |  |
| College/University: | | | |  | | | |
| Address: | |  | | | | | |
| City/State/Zip: | | |  | | | | |

**2 of 2**