**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 |       |

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|  |  |
| --- | --- |
| 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: |       |

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