

Financial Information Form for the Fremont Area Community Foundation, Mecosta County Community Foundation, Osceola County Community Foundation, and Lake County Community Foundation Scholarships

Financial Information (please read instructions carefully): Student, please complete the top section and **submit this Financial Information Form to the Financial Aid Office of your first-choice academic institution**. Ask them to complete the form and return it to the Fremont Area Community Foundation. **The Financial Information Form is due from the college by April 1. Please allow at least two weeks before the scholarship application deadline for the Financial Aid Office to provide this information.** It is your responsibility to follow up with the college Financial Aid Office to ensure that the Fremont Area Community Foundation receives the information by **April 1**.

Authorization Information (to be completed by student):

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Student #: _____ Date of Birth: _____

Authorization to Release Information:

I authorize (name of college/university) _____
To provide the information requested below to the Fremont Area Community Foundation for consideration during the scholarship selection and award process.

Student Signature: _____ Date: _____
Parent/Guardian Signature: _____ Date: _____

**** APPLICANT STOP HERE – Send the entire page to your college/university Financial Aid Office ****

INFORMATION BELOW MUST BE COMPLETED BY A COLLEGE FINANCIAL AID OFFICER

To the Financial Aid Officer: The above named student is applying for at least one scholarship administered by the Fremont Area Community Foundation. Please complete the following information and return to the Foundation by **April 1**. Please contact Robin Cowles at 231-924-5350 or rcowles@facommunityfoundation.org if you have questions.

Dependency Status: Applicant is considered (check only one)

Dependent: Parent(s) & Student's Adj. Gross Annual Income \$ _____

Number in parent's household including applicant _____

Independent: Students Adj. Gross Annual Income \$ _____

Total dependents other than spouse _____

Assessed Need: Based on Current year's FAFSA Previous year's FAFSA

Anticipated Expenses Total Student Expense Budget based on attendance \$ _____

Full-time Half time or less

Anticipated Resources

Family Contribution (EFC from SAR) \$ _____

Michigan Tuition Incentive Program \$ _____

Scholarships \$ _____

Grants \$ _____

Other Resources (DO NOT include loans) \$ _____

Total Resources \$ _____

Assessed Need (Expenses Less Resources) \$ _____

College Recommendation:

Receiving a grant will adversely affect the applicant's eligibility for other grants/financial aid or **displace** other awards
 will not adversely affect the applicant's eligibility for other grants/financial aid or **displace** other awards

Signature _____ Title _____
College/University _____ Date _____
Phone _____ Fax _____