

**Health Careers Scholarship Program
Financial Aid Information Form
2016-2017**

Please complete the appropriate sections to reflect your anticipated (or current) Financial Aid. **This form must be signed by your Financial Advisor or other University Financial Administrator to be valid.** All information submitted in this form is subject to verification. PLEASE NOTE THAT THIS FORM, ALONG WITH ALL OTHER MATERIALS **MUST BE RETURNED TO GALLAGHER STUDENT BY THE MAY 6, 2016 DEADLINE** FOR THE STUDENT'S APPLICATION TO BE CONSIDERED COMPLETE.

Student Name			
	Last	First	MI
College Name			
Student Signature			
<i>Student's signature authorizes the Financial Aid Office to release the information requested below, and authorizes Gallagher Student to confirm and/or clarify financial aid and eligibility information with the institution</i>			Date

Information provided below for the above-named student is financial information for (check one)

Current 2015-2016

Estimated 2016-2017

Cost of Attendance (COA)

Tuition and Fees _____
 Room and Board _____
 Books and Supplies _____
 Personal _____
 Transportation _____
 Health Insurance _____
 Other _____

TOTAL COA

Family Financial Information (EFC)

Parent EFC _____
 Student EFC _____

TOTAL EFC

Financial Aid Awarded

PELL Grant _____
 SEOG _____
 State Grant _____
 Scholarships _____
 Other _____

Loans

Perkins _____
 Direct _____
 Plus _____
 Institutional _____
 Other (Specify) _____

Notes from Financial Aid (if any):

TOTAL AID/LOANS

Income

Parents' Adjusted Income _____
 Earned Income _____
 Father _____
 Mother _____
 Student _____

Please return form to Student or send directly:

Mail: Gallagher Student attn: Scholarship
 500 Victory Rd, Quincy MA 02171
Fax: (617) 479-0860 attn: Scholarship
E-Mail: scholarship@gallagherstudent.com

Financial Aid Officer's Signature

Telephone Number

Date

Name and Title (printed)

E-mail

For more information visit: <http://www.healthcareersscholarship.org>