

# Health Careers Scholarship Program

## Financial Aid Information Form

**2017-2018**

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 5, 2017 DEADLINE** FOR THE STUDENT'S APPLICATION TO BE CONSIDERED COMPLETE.

Student Name	_____	_____	_____
	<b>Last</b>	<b>First</b>	<b>MI</b>
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>		<b>Date</b>

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

**Current 2016-2017**

**Estimated 2017-2018**

### 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: [www.healthcareersscholarship.org](http://www.healthcareersscholarship.org)**