

Health Careers Scholarship Program 2018-2019 Financial Aid Information Form

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 IN ONE PACKET BY THE MAY 7, 2018 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 2017-2018

Estimated 2018-2019

Cost of Attendance (COA)

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

TOTAL COA _____

Financial Aid Awarded

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

Loans

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

Notes from Financial Aid (if any):

Family Financial Information (EFC)

Parent EFC _____
 Student EFC _____

TOTAL EFC _____

TOTAL AID/LOANS _____

Income

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

Please return form to Student. Student must submit this form in a complete packet with all other scholarship materials.

Financial Aid Officer's Signature _____

Telephone Number _____

Date _____

Name and Title (printed) _____

E-mail _____

For more information visit: www.healthcareersscholarship.org