

GARDEN CLUB FEDERATION OF MAINE, INC.
FINANCIAL AID FORM

This form must be completed by the Financial Aid officer of the college or university involved and by the student and must be signed by both of these individuals.

This information will be held in strictest confidence. It will be made available only to appropriate officials of the college/university and the GCFM Scholarship Committee. Since actual financial need is one of the determining factors in the awarding of scholarship, it is necessary that the requested information be supplied.

Use the following to show all anticipated sources of funds including other scholarships, assistantships, educational insurance policies, etc., as well as all costs involved for attending college in the _____ school year.

RESOURCES	_____	EXPENDITURE	_____
From parent or relative	_____	Tuition & Fees	_____
From personal savings	_____	Housing:	_____
Summer earnings	_____	Board	_____
School-year earnings	_____	Books/Supplies	_____
Grants/Scholarships	_____	Clothing/Laundry	_____
Loans	_____	Transportation	_____
Other	_____	Other	_____
 Total Funds Available	 _____	 Total Expenses	 _____

My signature will authorize the release of my financial need form to the GCFM Scholarship Chairman.

Student's Signature _____ Date _____
Name in Full _____

FINANCIAL AID OFFICER

Is this student eligible for financial aid at your institution?

Grants/Scholarships Yes _____ No _____
Student Loans Yes _____ No _____

Has this student applied for financial aid at your institution? Yes _____ No _____

Name of Financial Aid Officer _____

Signature _____

Address _____

Phone _____

Date _____