



**GRAND RAPIDS TRANS FOUNDATION  
ACADEMIC SCHOLARSHIP  
Financial Information Form – Academic Year 2019-2020  
(Read Instructions Carefully)**

**Financial Information:** It is the applicant's responsibility to:

1. Complete the top half of this *Financial Information Form*.
2. Submit the form in its entirety to the Financial Aid office of your first-choice academic institution no later than May 17, 2019 (three weeks prior to application deadline). They will return the form or other documentation to you when it is completed.
3. Email or mail completed form or other documentation to Grand Rapids Trans Foundation by June 7, 2019 at: <applications@grtransfoundation.org> or PO Box 2674, Grand Rapids, MI 49501. It is your responsibility to follow up with the Financial Aid office, and notify the Foundation if any delays are expected.

**Applicant Information (to be completed by student)**

Name \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Academic Institution \_\_\_\_\_ Student ID # \_\_\_\_\_

**I authorize this academic institution (noted above) to complete the remainder of this form and return it to me.**

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Applicant Stop Here—Send the entire page to your academic institution's Financial Aid Office\*\*\***

**Information below must be completed by a Financial Aid Officer**

**To the Financial Aid Officer:** Please complete the information below. Estimated financial aid information for new students, and prior year information for returning students is acceptable. Contact Simon Kittok at the Grand Rapids Trans Foundation, applications@grtransfoundation.org or 320-420-3056, if you have any questions. Please return completed form to student by **June 7, 2019**.

**Assessed Need** based on:       2019-2020 FAFSA       Previous Year's FAFSA

**Anticipated Expenses** for 2019-2020 based on attendance      \$ \_\_\_\_\_  
 Full-time       Half-time or less

**Anticipated Resources**

Family Contribution (EFC from SAR)      \$ \_\_\_\_\_

Scholarships and Grants      \$ \_\_\_\_\_

Other Resources (do not include loans)      \$ \_\_\_\_\_

**Total Resources**      \$ \_\_\_\_\_

**Calculated Need** (Expenses Less Resources)      \$ \_\_\_\_\_

**Receiving a grant**       will not adversely affect the applicant's eligibility for other grants/aid  
 will impact the applicant's eligibility for other grants/aid if the award is over \$ \_\_\_\_\_

Name and Title of Fin. Aid Officer \_\_\_\_\_

Academic Institution \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**Please return completed form to student by June 7, 2019.**