



**GRAND RAPIDS TRANS FOUNDATION
ACADEMIC SCHOLARSHIP
Financial Information Form – Academic Year 2018-2019
(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 June 15, 2018 (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 July 6, 2018 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 # or Last 4 digits of SSN _____

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 **July 6, 2018**.

Assessed Need based on: 2018-2019 FAFSA Previous Year's FAFSA

Anticipated Expenses for 2018-19 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 July 6, 2018.