GRAND RAPIDS TRANS FOUNDATION
ACADEMIC SCHOLARSHIP
Financial Release Form – Academic Year 2022 - 2023
(Read Instructions Carefully)

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

1. **Complete the top half of this *Financial Release Form.***
2. **Submit the form in its entirety to the Financial Aid office of your first-choice academic institution**. Please submit it *at least two weeks prior* to the application deadline. They will return the form to you when it is completed.
3. **Email the completed form to GR Trans Foundation at <applications@GRTransFoundation.org> by the application deadline.** It is your responsibility to notify the Foundation of any delays.

Applicant Information (*to be completed by student)*

Name _____ Date _____

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 Grand Rapids Trans Foundation at <applications@GRTransFoundation.org> if you have any questions. Please return the completed form to the student ASAP.

Assessed Need based on: ❑ This Year's FAFSA ❑ Previous Year's FAFSA

Anticipated Expenses for 2022 - 2023 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 ASAP.