



**GRAND RAPIDS TRANS FOUNDATION  
ACADEMIC SCHOLARSHIP  
Financial Release Form – Academic Year 2023 - 2024  
(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](mailto: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](mailto: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 2023 - 2024 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.**