

GRAND RAPIDS TRANS FOUNDATION ACADEMIC SCHOLARSHIP

Financial Information Form – Academic Year 2024-2025 (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. 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 Name	eted by student)	Date	
Address		Apt.#	
City	State	Zip	
Phone	Email address		
Academic Institution		Student ID #	
I authorize this academic institution	n (noted above) to complete the rem	nainder of this form and return it to me.	
Student Signature (required):		Date:	
Applicant Stop Here—Se	nd the entire page to your acad	emic institution's Financial Aid Office	
	ation below must be completed by a		
prior year information for returning stu	idents, is acceptable. Contact GR Tran org> with any questions. Please return This Year's FAFSA	nated financial aid information for new students, and his Foundation at the completed form to the student ASAP. Previous Year's FAFSA Half-time or less	
	sinclude loans)	\$ \$ \$	
Name and Title of Fin. Aid Officer			
Academic Institution		Date	
Phone	E-mail	I	