

# FFGC Financial Aid Form 2010

Name \_\_\_\_\_ Date \_\_\_\_\_

**It is important the student complete this form. If exact amounts are not known, the best estimate should be given. This bottom part of this form must be completed and signed by the Financial Aid Officer of the college or university involved.**

Use this form to show all anticipated sources of funds and costs related to attending college this coming school year. Since actual financial need is one of the determining factors in the awarding of scholarships, it is necessary that all of the requested information be supplied. This information is held in the strictest confidence by the Scholarship Committee.

## Anticipated resources

\_\_\_\_\_ From parent, relative, friend  
\_\_\_\_\_ From personal savings  
\_\_\_\_\_ Educational Insurance Policies  
\_\_\_\_\_ School year earnings  
\_\_\_\_\_ Grants/Scholarships  
\_\_\_\_\_ Loans \*  
\_\_\_\_\_ Other\*

## Projected expenditures

\_\_\_\_\_ Tuition and fees  
\_\_\_\_\_ Housing  
\_\_\_\_\_ Board  
\_\_\_\_\_ Books and Supplies  
\_\_\_\_\_ Clothing/laundry  
\_\_\_\_\_ Transportation  
\_\_\_\_\_ Other\*

\$\_\_\_\_\_ Total Funds Available

\$\_\_\_\_\_ Total Expenses

\*If these items are more than \$500 each, please itemize below.

## Additional Information and Explanations

Other scholarships and monetary awards \_\_\_\_\_  
Assistantships \_\_\_\_\_  
\*Loans \_\_\_\_\_  
\*Other sources of funds \_\_\_\_\_  
\*Miscellaneous Expenditures \_\_\_\_\_  
Additional Comments \_\_\_\_\_

Your signature below will authorize the release of my financial need form to:  
Marie Harrison, Scholarship Chairman  
Florida Federation of Garden Clubs, Inc.  
166 Edge Avenue  
Valparaiso, FL 32580

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## FINANCIAL AID OFFICER:

1. Is this student eligible for receiving financial aid at your institution?  
Grants/Scholarships: YES \_\_\_\_\_ NO \_\_\_\_\_ Student Loans: YES \_\_\_\_\_ NO \_\_\_\_\_
2. Has this student applied for financial aid at your institution? YES \_\_\_\_\_ NO \_\_\_\_\_

Financial Aid Officer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Fax: \_\_\_\_\_