

FFGC Financial Aid Form

Name _____ Date _____

It is important that 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:

Carole Martin, Scholarship Chairman
Florida Federation of Garden Clubs, Inc.
2034 Kildare Circle
Niceville, FL 32578-7308

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: _____