This form must be completed by the Financial Aid Officer of the college/university involved with the student. It must be signed by both. This information will be held in strict confidence and made available only to HFGC Scholarship Committee. Since financial need is one of the criteria in the awarding of the scholarship, please supply all requested information. All ANTICAPATED RESOURCES including scholarships, assistantships, educational insurance policies, etc. and ALL PROJECTED COSTS involved in attending college for the upcoming school year must be given. It is not required that projected resources and enrollment expenditures balance.

**ANTICIPATED RESOURCES PROJECTED EXPENDITURES**

\_\_\_\_\_\_\_\_\_\_\_ From parent and/or relative \_\_\_\_\_\_\_\_\_\_ Tuition and fees

\_\_\_\_\_\_\_\_\_\_\_ From personal savings \_\_\_\_\_\_\_\_\_\_ Housing

\_\_\_\_\_\_\_\_\_\_\_ Educational Insurance Policies \_\_\_\_\_\_\_\_\_\_ Board

\_\_\_\_\_\_\_\_\_\_\_ School-year earnings \_\_\_\_\_\_\_\_\_\_ Books & supplies

\_\_\_\_\_\_\_\_\_\_\_ Grants/Scholarships \_\_\_\_\_\_\_\_\_\_ Clothing/Laundry

\_\_\_\_\_\_\_\_\_\_\_ Loans \_\_\_\_\_\_\_\_\_\_ Transportation

\_\_\_\_\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_ Other

\_\_\_\_\_\_\_\_\_\_\_ Total Funds Available \_\_\_\_\_\_\_\_\_\_ Total Expenses

This will authorize the release if me financial information to Houston Federation of Garden Clubs Scholarship Chair

**Student’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_

**FINANCIAL AID OFFICER:** Is this student eligible for financial aid at your institution?

Grants/Scholarships \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Loans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student applied for financial aid at your school? Y or N

**FINANCIAL AID OFFICIER’S SIGNATURE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_