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## FINANCIAL AID FORM

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**ANTICIPATED SOURCES OF FUNDS:** Please use the following form to show all (including scholarships other than anticipated one from this application), assistantships, educational insurance policies, etc., as well as all projected costs involved for attending college for the upcoming school year beginning in September. It is not required that projected resources and expenditures balance.

**NOTE:** If FAFSA information is not available before the application deadline, information from the previous academic year may be used with the notation that it is an estimate based on the previous year.

This form must be completed and SIGNED by both the Financial Aid Officer and by the student making the application.

- **ALL** questions on the form must be answered since actual financial need is one of the determining factors in the awarding of scholarships.
- The student must mail this form, along with other required application materials, to David Stedman, 1810 Meyers Bridge Rd, Martinsburg, WV 25404-0490 Scholarship Chairman.

### ANTICIPATED RESOURCES

\_\_\_\_\_ From parent or relative  
\_\_\_\_\_ From personal savings  
\_\_\_\_\_ Educational Insurance Policies  
\_\_\_\_\_ School-year earnings  
\_\_\_\_\_ Grants/Scholarships  
\_\_\_\_\_ Loans  
\_\_\_\_\_ Other:  
\_\_\_\_\_

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

### PROJECTED EXPENDITURES

\_\_\_\_\_ Tuition and Fees  
\_\_\_\_\_ Housing  
\_\_\_\_\_ Board  
\_\_\_\_\_ Books/Supplies  
\_\_\_\_\_ Clothing/Laundry  
\_\_\_\_\_ Transportation  
\_\_\_\_\_ Other:  
\_\_\_\_\_

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

### FINANCIAL AID OFFICER:

Is this student eligible for receiving financial aid at your institution?

Grants/Scholarships: Yes \_\_\_\_\_ No \_\_\_\_\_

Student Loans: Yes \_\_\_\_\_ No \_\_\_\_\_

Has this student applied for financial aid at your institution? Yes \_\_\_\_\_ No \_\_\_\_\_

**FINANCIAL AID OFFICER'S SIGNATURE** \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ DATE \_\_\_\_\_

*This information will be held in strictest confidence. It will be made available only to appropriate officials of the college/university and to the members of the Scholarship Committee.*

THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL NEED FORM to West Virginia Garden Club, South Atlantic Region and National Garden Clubs, Inc.

**STUDENT'S SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_ COLLEGE/UNIVERSITY \_\_\_\_\_