



Scholarship Financial Information Form 2019- 2020 Academic Year

READ INSTRUCTIONS CAREFULLY!

STUDENT: Complete the top section of this form and submit it to the Financial Aid office of your **college/university**. Ask them to complete the bottom half of the form. They may email the completed form to scholarships@aaf-hf.org or return it to you so you may upload it to the Scholarship Acceptance Agreement in the Spectrum Portal. **Please check with your Financial Aid office to determine how much TIME they need before the deadline to provide this information.**

It is ***your responsibility*** to follow up with the college financial aid office to ensure that the Amarillo Area Foundation receives this information by the deadline. Acceptance of your scholarship will not be considered complete until the Foundation has received the Financial Information Form, which will impact the payment of your scholarship.

Applicant Information (to be completed by student)

Name _____

Address _____ Apt.# _____

City _____ State _____ Zip _____

Phone _____ S.S.# (last 4 digits) ***-**-____ Student ID # _____ Date of Birth _____

Authorization to Release Information:

I authorize (name of college/university) _____ to provide a representative of the Amarillo Area Foundation with my enrollment status, transcript, or financial information for consideration during the scholarship administration/payment process.

Student Signature: _____ Date: _____

**Information below must be completed by a College Financial Aid Officer
Contact the Amarillo Area Foundation at 806-376-4521 if you have any questions.**

FINANCIAL AID OFFICER: Estimated financial aid information for new students and prior year information for returning students is acceptable. *AAF Scholarship Awards can be used to reduce or eliminate the family contribution.*

Part I:

Applicant is considered (check one): Independent Dependent

Assessed Need based on: 2019-20 FAFSA Previous year's FAFSA No FAFSA (skip to Part II)

Part II:

Anticipated Expenses (Total Student Expense Budget based on _____)
 Full-time attendance Half time attendance or less) \$ _____

Anticipated Resources

Family Contribution (EFC from SAR if available) \$ _____

Scholarships and Grants \$ _____

Other Resources (do not include loans) \$ _____

Total Resources \$ _____

Assessed Need (Expenses Less Resources) \$ _____

Financial Aid Officer

Receiving a scholarship will adversely affect the applicant's eligibility for other grants other than subsidized loans
 will not

Financial Aid Officer

Name (print) _____ Title _____

College _____ Date _____

Phone _____ E-mail _____

You may email the completed form to scholarships@aaf-hf.org or return to the student.