BENIN SCHOALRSHIP FINANCIAL AID OFFICER ASSESSMENT FORM 2017-2018 ACADEMIC YEAR

THIS SCHOLARSHIP IS ONLY INTENDED FOR ISRAELI CITIZENS

The form must be properly filled out and signed by the Financial Aid Officer (FAO) and sent directly to the Hebrew Free Loan Society, to be received no later than July 7, 2017. Any information that is not available to the FAO will be completed with the student's assistance. Forms that are not filled out completely or received after the deadline will not be considered.

Fax the completed form to 212-682-1120 or email to scholarship@hfls.org. For any questions please email scholarship@hfls.org or call 212-687-0188.

| Name of Applicant: | SSN (OR Student ID #): |
|---|------------------------|
| School: | |
| TOTAL COST OF ATTENDANCE (COA) - Including tuition, fees, and all other items: | \$ |
| Tuition Only: | \$ |
| Fees Only: | \$ |
| EXPECTED FAMILY CONTRIBUTION (According to student): | |
| Student: | \$ |
| Spouse: | \$ |
| Parents: | \$ |
| NEED (COA - EFC): | \$ |
| PROJECTED FINANCIAL AID PACKAGE FOR 2017-2018: | |
| School Scholarships: | \$ |
| Other Grants/Scholarships: | \$ |
| | \$ |
| | \$ |
| Loans (itemize): | \$ |
| | \$ |
| Work Study: | \$ |
| SHORTFALL (Need - Financial Aid package): | \$ |
| Educational Debt To-Date (excluding 2017-2018 awards): | \$ |
| Applicant's GROSS Income for 2016 (If working in the U.S): | \$ |
| Spouse's GROSS Income for 2016 (If working in the U.S): | S |
| Parents' GROSS Income for 2016 (ALL students age 28 & under – please convert income to American Dollars): | \$ |
| | |
| Financial Aid Officer's Recommendation/Comments (optional) | |
| | |
| Financial Aid Officer Name - Title: | |
| Financial Aid Officer Signature: | Date: |
| Telephone Number (with extension): | Fax Number: |