

BILLER SCHOLARSHIP FINANCIAL AID OFFICER ASSESSMENT FORM
2017-2018 ACADEMIC YEAR

IMPORTANT: ALL DATA MUST BE BASED ON THE 2017-2018 FAFSA ONLY

The form must be properly filled out and signed by the financial aid officer and sent directly to the Hebrew Free Loan Society, to be received no later than **JULY 7, 2017**. If the 2017-2018 FAFSA is not available, do not submit this form until the data is available. **UNDERGRADUATE FRESHMEN STUDENTS ARE NOT ELIGIBLE FOR THIS SCHOLARSHIP. 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:
School:	
TOTAL COST OF ATTENDANCE (COA), including tuition, fees, and all other items allowable in Federal Student Expense Budgets	\$
Tuition Only: If less than Full Time indicate per credit - cost and total for academic year.	\$
Fees Only:	\$
<u>EXPECTED FAMILY CONTRIBUTION (EFC):</u>	
Student:	\$
Spouse:	\$
Parents:	\$
NEED (COA - EFC):	\$
<u>PROJECTED FINANCIAL AID PACKAGE FOR 2017-2018:</u>	
TAP:	\$
PELL:	\$
Other Grants/Scholarships:	\$
	\$
Loans (itemize):	\$
	\$
Federal Work Study:	\$
SHORTFALL (Need - Financial Aid package):	\$
Is PLUS awarded to "meet need" and/or cover the expected parent contribution?	
Educational Debt To-Date (excluding 2017-2018 awards):	\$
Applicant's TOTAL Income for 2016:	\$
Spouse's TOTAL Income for 2016:	\$
Parents' TOTAL Income for 2016 (ALL students age 28 & under):	\$
Financial Aid Officer's Recommendation/Comments (optional)	
Financial Aid Officer Name - Title:	
Financial Aid Officer Signature:	Date:
Telephone Number (with extension):	Fax Number: