

APPLICANT'S NAME _____

CODE# _____
(For Committee Use Only)

LEROY G. ERICKSON MEMORIAL SCHOLARSHIP APPLICATION

FINANCIAL ASSESSMENT FORM

THIS FORM IS TO BE COMPLETED BY THE STUDENT FINANCIAL AID OFFICE OF THE SCHOOL YOU WILL BE ATTENDING. APPLICATION DEADLINE IS: **MAY 3, 2021**

FINANCIAL NEED ASSESSMENT FOR 2021-2022

Tuition \$ _____
Mandatory Fees \$ _____

Living Allowance \$ _____

(check which is applicable)
On-campus Housing
Commuter
Off-campus Housing

Books and Supplies \$ _____
Transportation \$ _____
Miscellaneous Personal Expenses \$ _____

Other _____ \$ _____

TOTAL EDUCATION EXPENSE BUDGET \$ _____

FAMILY CONTRIBUTION \$ _____

(as evaluated by the Federal Methodology formula)

FINANCIAL AID AWARDS

PHEAA \$ _____

PELL \$ _____

FSEOG \$ _____

Other grants & loans (please list name and amount)

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL FINANCIAL AID AWARDS \$ _____

REMAINING NEED: \$ _____

NAME _____ TITLE _____

POSTSECONDARY INSTITUTION _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

PLEASE RETURN THIS FORM TO THE APPLICANT NO LATER THAN MAY 3, 2021