

**WEBSTER GROVES HERB SOCIETY 2020-2021 SCHOLARSHIP FINANCIAL AID FORM**

This form must be completed by both the student and the Financial Aid Officer of the college or university, and must be signed by **both** of those individuals.

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. Since actual financial need is one of the determining factors in awarding of scholarships, it is necessary that all of the requested information be supplied.

Use the following form to show all **ANTICIPATED SOURCES OF FUNDS** not associated with the Webster Groves Herb Society, as well as all **PROJECTED COSTS** involved for attending college in the 2020-2021 school year. Please be as specific as possible. The available funds and total expenses do not need to balance.

**Please Note:** The student must email this form in **PDF format**, along with the other required application materials, to **Lynn Hackethal, Scholarship Chair, Webster Groves Herb Society, mlhackethal@yahoo.com**.

**ANTICIPATED RESOURCES/INCOME**

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

**PROJECTED EXPENSES**

\_\_\_\_\_ Tuition & Fees  
\_\_\_\_\_ Housing  
\_\_\_\_\_ Board  
\_\_\_\_\_ Books/Supplies  
\_\_\_\_\_ Clothing/Laundry  
\_\_\_\_\_ Transportation  
\_\_\_\_\_ Other  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Total Expenses

THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL AID FORM to the Webster Groves Herb Society's Scholarship Chair, Lynn Hackethal.

STUDENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**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 \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_ FAX \_\_\_\_\_