National Garden Clubs FINANCIAL AID FORM

ANTICIPATED SOURCES OF FUNDS: Please use the following form to show all (including scholarships other than anticipated one from NGC), assistantships, educational insurance policies, etc., as well as all projected costs involved for attending college for the upcoming school year beginning in September. It is not required that projected resources and expenditures balance.

NOTE: If FAFSA information is not available before the application deadline, information from the previous academic year may be used with the notation that it is an estimate based on the previous year.

This form must be completed and SIGNED by both the Financial Aid Officer and by the student making the application.

- ALL questions on the form must be answered since actual financial need is one of the determining factors in the awarding of scholarships.
- The student and Financial Aid Officer will determine how the money is to be spent: tuition, food, housing, books, etc.
- The student must mail this form, along with other required application materials, to the State Garden Club Scholarship Chairman of the state in which he/she is a legal resident. Please do not mail directly to the National Garden Clubs Scholarship Chairman.

ANTICIPATED RESOURCES		PROJECTED EXPENDITURES	
From parent or relative			Tuition and Fees
From personal savings			Housing
Educational Insurance Policies			Board
School-year earnings			Books/Supplies
Grants/Scholarships			Clothing/Laundry
Loans			Transportation
Other:	_		Other:
Total Funds Availa	ble		Total Expenses
FINANCIAL AID OFFICER:			
Is this student eligible for receiving financial aid at your institution?			
Grants/Scholarships:	Yes N	0	
Student Loans:	Yes N	0	
Has this student applied for financial aid at your institution? Yes No			
FINANCIAL AID OFFICER'S SIGNATURE			
PRINTED NAME			
ADDRESS			
CITY/STATE/ZIP			
PHONE	_ FAX		DATE
This information will be held in strictest co college/university and to the members of NC			le only to appropriate officials of the
	MV EINIANCIAL NEE	D EOPM to No	tional Cardon Cluba Ina

THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL NEED FORM to National Garden Clubs, Inc.

STUDENT'S SIGNATURE _

DATE ___

_____ COLLEGE/UNIVERSITY_____