

2014/2015 Leon Lowengard Scholarship Applicant Release Form

To Lowengard Scholarship Recipient:

Sign below and give this form to your financial aid office for your permanent file.
It is your responsibility to ensure that The Foundation receives this form from your college.

To Financial Aid Officer:

The student listed below has applied for scholarship assistance from the Leon Lowengard Scholarship Foundation. We need your assistance in analyzing the financial need of this student by completing the enclosed "Financial Aid Form." Please retain this Release Form for your records and for future requests of information as needed by BNY Mellon and The Foundation for Enhancing Communities (TFEC) in reference to the Leon Lowengard Scholarship.

Please hold this form until Annual Costs for the upcoming academic year; Estimated Family Contribution; and Financial Aid have been established and are final. Please note that the Financial Aid form is due in our office no later than July 15, 2014 for the student to qualify. If, and only if, established figures are not available prior to July 15, 2014, please return the form with estimated figures. *Note: if the form is returned with estimated figures, we will request a new form at a later date with the established figures before the student's scholarship is finalized.*

I authorize the Financial Aid Office at _____
to complete and release the attached Financial Aid Form to The Foundation for Enhancing Communities and BNY Mellon in reference to the Leon Lowengard Scholarship. This will include institutional costs, scholarships, grants, loans and expected family contribution (EFC) that have been or are available to establish my basic financial need.

Date _____ Student's Signature _____

Social Security # _____ Student's Name _____

2014/2015 Leon Lowengard Scholarship Financial Aid Form

To be filled out by the Financial Aid Office at the Institution you plan to attend during the 2014/2015 academic year.

Please indicate the date that you received this form from the student: _____

Student Name _____ SS# _____

Address _____

City _____ State _____ Zip _____

Institution _____

Will this student be enrolled full-time for the 2014/2015 academic year? Yes No

Grade Classification for the 2014/2015 academic year: Freshman Sophomore Junior
 Senior Graduate Student

Student Status: Dependent Independent

Housing: Campus Commuter Off-Campus

Annual Costs for the 2014/2015 Academic Year

Annual Costs will not be available in time to meet the July 15th deadline; therefore, I have provided estimated figures. Annual Costs for the 2014/2015 academic year will be available on _____.

Annual Costs have been established for the 2014/2015 academic year and are listed below.

Tuition & Fees \$ _____

Room & Board \$ _____

Expected Family Contribution for the 2014/2015 Academic Year

The student has not filed a 2014/2015 FAFSA

Student \$ _____

Parent(s) \$ _____

Total EFC: \$ _____

Student Name _____

Social Security # _____

Financial Aid for the 2014/2015 Academic Year

Financial Aid will not be available in time to meet the July 15th deadline; therefore, I have provided estimated figures. Financial Aid for the 2014/2015 academic year will be available on _____.

Financial Aid has been established for the 2014/2015 academic year and is listed below.

Grants

PELL \$ _____

PHEAA \$ _____

Other \$ _____

Other Aid (Please Identify)

_____ \$ _____

_____ \$ _____

_____ \$ _____

Scholarships (Other than Lowengard)

_____ \$ _____

Private \$ _____

Institutional \$ _____

Loans

Stafford \$ _____

Perkins \$ _____

Other \$ _____

Total Financial Aid \$ _____

This certifies that the information provided reflects data currently on file at this institution and is correct as of this date. The completed Financial Aid Form will provide the Scholarship Selection Committee with financial information to determine the student's financial need.

Financial Aid Officer _____

Signature _____ Date _____

Phone # _____

Deadline for submission: July 15, 2014

Submit completed Financial Aid Form to:
The Foundation for Enhancing Communities
Attn: Allison Moesta
PO Box 678
Harrisburg, PA 17108-0678

**** This Financial Aid Form will not be accepted via fax or e-mail. The original copy must be received by July 15, 2014.**