

**MAY EMMA HOYT FOUNDATION
FINANCIAL AID RELEASE FORM**

Student's Name (Print): _____ Student ID #: _____ Date: _____
Student's Signature Release: _____ Phone #: _____

**THE FOLLOWING SECTION MUST BE COMPLETED BY THE
FINANCIAL AID OFFICE FOR THE CURRENT TERM ONLY**

School Name: _____ Campus: _____

Calendar System: ___ Semester ___ Trimester ___ Quarter

Current Quarter or Term (check one): ___ Fall ___ Spring ___ Summer

Number of credit hours this term: _____ Has student filed FASFA: ___ Yes ___ No

If yes, please list the Student Aid Index (SAI) (Previously EFC) \$ _____

Tuition per term: \$ _____

Does student live: ___ Off Campus ___ On Campus (R&B Cost) \$ _____

Does the student have a meal plan? ___ No ___ Yes (Meal Plan Cost) \$ _____

Pell Grant Amount Received per term: \$ _____

*If not eligible for the PELL Grant, please indicate why: _____

Subsidized Loans (Check all that apply): ___ Offered ___ Accepted ___ Declined: \$ _____

Unsubsidized Loans (Check all that apply): ___ Offered ___ Accepted ___ Declined: \$ _____

Grants/Scholarships (Current Term):

1) _____ \$ _____

2) _____ \$ _____

3) _____ \$ _____

4) _____ \$ _____

5) _____ \$ _____

Total amount owed to school after all aid has been applied (direct costs – financial aid) \$ _____

Preparer's Signature: _____ Print Name: _____ Date: _____

Direct Phone #: _____ Email Address: _____

PLEASE FORWARD TO THE MAY EMMA HOYT FOUNDATION

DEADLINE: SECOND FRIDAY OF AUGUST

Fax: 724-924-8111 / Email: jaimie1kopp@gmail.com (jaimie #1, not alphabetical "I")

Please do not include a fax cover sheet