THE BEINECKE SCHOLARSHIP PROGRAM

FINANCIAL AID DATA SHEET

(Must be completed and signed by a Financial Aid Officer)

Student's Name	SS#(Required)
	(Required)
 Did the student receive "need-based" financial aid from year? YES NO (I If the answer question 1 is "NO," please explain how the requirement that in order to be eligible the student must aid" during their undergraduate years. (Use a separate s 	f NO, please complete question 1a) e candidate meets the scholarship program's have "qualified for need-based financial
NOTE: If the students' cost of education is covered by a meric collect the necessary information (FAFSA) and complete the f not exist. 2. Total institutional cost for the current academic year	following questions as if this award did
3. Is the student considered to be "independent" for financial aid purposes?	
4. How many people in the household will be college studen in the current academic year? (FAFSA question)	ts stion 74 or 96)
5. Does your institution fund 100% of a student's demonstra	ted need?
6. Student's financial aid information for the current academ	ic year:
• Expected family contribution (EFC)	\$
• Expected student's contribution (if <u>not</u> included in the EFC calculation)	\$
NEED-BASED AWARDS Work-study award 	\$
Institutional grant	\$
• Federal or state grant	\$
Subsidized loan	\$
• Other sources of need-based funds	\$
7. Student's total loans outstanding to date \$	
Please return this form to your Campus Liaison for the Beine	cke Scholarship Competition.

If you have any questions about this form, please call Diane Flynn, Director of the Beinecke Scholarship Program, at 781-790-6008.

Name and title of the financial aid officer providing this information:

Name: _____ Telephone: _____

Title: _____ E-mail: _____