

## GCII Scholarship Chairman: Garden Clubs of Idaho, Inc. Financial Aid Form

The student must complete the section of this form above the XXXX. The Financial Aid Officer of the college or university involved must complete the section below the XXXX. Both individuals must sign the form.

The information will be held strictly confidential. It will be made available only to appropriate officials of the college or university and to the Garden Clubs of Idaho, Inc. Scholarship Committee. Since actual financial need is one of the determining factors in the awarding of scholarships, it is necessary that all of the requested information be supplied.

Please use the following form to show all anticipated resources, including scholarships (other than from the Garden Clubs of Idaho, Inc.), loans, grants, etc. as well as anticipated resources and anticipated expenses involved in attending college or graduate school in the 2023-2024 school year. It is not required that total anticipated resources and total anticipated expenses balance.

ANTICIPATED RESOURCES		ANTICIPATED EXPENSES	
\$ _____	From Parents or Spouse	\$ _____	Tuition fees
\$ _____	From Friends or Relatives	\$ _____	Housing
\$ _____	From Personal Savings	\$ _____	Board
\$ _____	From School-year Earnings	\$ _____	Books, Supplies
\$ _____	From Loans	\$ _____	Clothing, Laundry
\$ _____	Other Grants	\$ _____	Other Financial
Obligations	TOTAL ANTICIPATED		TOTAL
ANTICIPATED	\$ _____ RESOURCES	\$	
_____ EXPENSES			

THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL AID FORM TO THE Garden Clubs of Idaho, Inc., Scholarship Committee.

**STUDENTS SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_  
 XXXX

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 \_\_\_\_\_ DATE \_\_\_\_\_

Printed Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number and Extension  
 \_\_\_\_\_

The student must mail this form with other documents (see Guidelines) to the GCII Scholarship

Chair, LeeAnn McMaster, 1209 Airway Ave., Lewiston, ID 83501 **by February 1, 2023.**

SC-02 (08/17/2022, rev.