

# THE BEINECKE SCHOLARSHIP PROGRAM

## 2010 FINANCIAL AID DATA SHEET

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

Student's Name \_\_\_\_\_

1. Did the student receive "need-based" financial aid from the institution during the current academic year? YES \_\_\_\_\_ NO \_\_\_\_\_ (If NO, please complete question 1a)

1a. If the answer question 1 is "NO," please explain how the candidate meets the scholarship program's requirement that in order to be eligible the student must have "qualified for need-based financial aid" during their undergraduate years. (Use a separate sheet if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE: If the students' cost of education is covered by a merit or other non need-based award, please collect the necessary information and complete the following questions as if this award did not exist.**

2. Total institutional cost for the current academic year \_\_\_\_\_

3. Is the student considered to be "independent" for financial aid purposes? \_\_\_\_\_

4. How many members of the student's household are enrolled at least half time during the current academic year? \_\_\_\_\_ (FAFSA Question 76 or 97)

5. Student's financial aid information for the current academic year:

- Expected family contribution \_\_\_\_\_
- Expected student's contribution \_\_\_\_\_

### NEED-BASED AWARDS

- Work-study award \_\_\_\_\_
- Institutional grant \_\_\_\_\_
- Federal or state grant \_\_\_\_\_
- Subsidized loan \_\_\_\_\_
- Other sources of need-based funds \_\_\_\_\_

6. Student's total loans outstanding to date \_\_\_\_\_

If you have any questions about this form, please call 610-395-5560

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

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Title: \_\_\_\_\_ E-mail: \_\_\_\_\_