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**Garden Club  
FINANCIAL AID FORM**

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**ANTICIPATED SOURCES OF FUNDS:** Please use the following form to show all (including scholarships other than anticipated one from NGC), assistantships, educational insurance policies, etc., as well as all projected costs involved for attending college in the 2016-2017 school year. It is not required that projected resources and expenditures balance.

**NOTE:** If FAFSA information is not available before the application deadline, information from the previous academic year may be used with the notation that it is an estimate based on the previous year.

- This form must be completed and SIGNED by both the Financial Aid Officer and by the student making the application.
- **ALL** questions on the form must be answered since actual financial need is one of the determining factors in the awarding of scholarships.
- The student and Financial Aid Officer will determine how the money is to be spent: tuition, food, housing, books, etc.
- The student must mail this form, along with other required application materials, to the State Garden Club Scholarship Chairman of the state in which he/she is a legal resident. **Please do not mail directly to the National Garden Clubs Scholarship Chairman.**

**ANTICIPATED RESOURCES**

\_\_\_\_\_ From parent or relative  
\_\_\_\_\_ From personal savings  
\_\_\_\_\_ Educational Insurance Policies  
\_\_\_\_\_ School-year earnings  
\_\_\_\_\_ Grants/Scholarships  
\_\_\_\_\_ Loans  
\_\_\_\_\_ Other:  
\_\_\_\_\_

**PROJECTED EXPENDITURES**

\_\_\_\_\_ Tuition and Fees  
\_\_\_\_\_ Housing  
\_\_\_\_\_ Board  
\_\_\_\_\_ Books/Supplies  
\_\_\_\_\_ Clothing/Laundry  
\_\_\_\_\_ Transportation  
\_\_\_\_\_ Other:  
\_\_\_\_\_

\_\_\_\_\_ Total Funds Available

\_\_\_\_\_ Total Expenses

**FINANCIAL AID OFFICER:**

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** \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ DATE \_\_\_\_\_

*This information will be held in strictest confidence. It will be made available only to appropriate officials of the college/university and to the members of NGC Scholarship Committee.*

THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL NEED FORM to National Garden Clubs, Inc.

**STUDENT'S SIGNATURE** \_\_\_\_\_

DATE \_\_\_\_\_ COLLEGE/UNIVERSITY \_\_\_\_\_