



## Financial Aid Worksheet Cover Page for Academic Year 2017-18

Please complete this page of the Financial Aid Worksheet and then send the Worksheet to the appropriate financial aid office of each institution to which the applicant is seeking financial aid.

Applicant's Name: \_\_\_\_\_

Applicant's Home Email: \_\_\_\_\_

Best Summer Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area Code & Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_



## Financial Aid Worksheet for Academic Year 2017-18

New Applicants - please have financial aid representative submit completed worksheet by May 13, 2017 to the address below.

Returning Applicants - Please have financial aid representative submit completed worksheet to the address below as soon as your 2017-18 financial aid and need information are available. Renewal scholarships cannot be issued until after the Foundation has received the student's Financial Aid Worksheet.

**The Edmund F. Maxwell Foundation**  
**PO Box 55548**  
**Seattle, Washington 98155-0548**

### Figures accepted only for the Academic Year: 2017-2018

Student Name: \_\_\_\_\_

Student ID No. (when issued): \_\_\_\_\_

Student will live: \_\_\_\_\_ On-campus \_\_\_\_\_ Off-campus \_\_\_\_\_ Parent's home

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married No. of children: \_\_\_\_\_

#### Student Budget

#### Student Resources

Tuition & Fees	_____	Parent Contribution	_____
Room & Board	_____	Student Contribution	_____
Books & Supplies	_____	Other	_____
Transportation	_____		
Personal Expenses	_____		
Other	_____		
<b>TOTAL</b>	_____	<b>TOTAL</b>	_____

**DIFFERENCE (Financial Aid Required):** \_\_\_\_\_



Describe sources of  
 Grants and Scholarships

Y/N <sup>1</sup>

Amount

Describe sources of Grants and Scholarships	Y/N <sup>1</sup>	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Grant and Scholarship Aid Available:** \_\_\_\_\_

1 - Is Award based on Financial Need, as determined in accordance with Federal or institutional standards? Please indicate as to each scholarship or grant whether it is based on financial need/subsidized or unsubsidized.

**The Edmund F Maxwell Foundation scholarship may not be used to replace grants or scholarships otherwise available to the student, but may be used to replace work/study or need-based loans.**

**Will any grants or scholarships that would otherwise be awarded through the College or University in the current or any future academic year be reduced if the student receives a need-based scholarship from The Edmund F Maxwell Foundation?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, please describe or attach your institution's policy regarding reduction of financial aid when outside scholarships are received.**

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Loans and Work-Study	Y/N <sup>2</sup>	Y/N <sup>3</sup>	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Loan and Work-Study Aid Available:** \_\_\_\_\_

2 - Is Award based on Financial Need, as determined in accordance with Federal or institutional standards? Please indicate as to each loan or workstudy whether it is based on financial need/subsidized or unsubsidized.

3 - Is Loan Subsidized?

**(From above) Financial Aid Required** \_\_\_\_\_

**(Less) Total Grant and Scholarship Aid Available** \_\_\_\_\_

**(Equals) Additional Amount Needed** \_\_\_\_\_

**Total Loan and Work-Study Aid Available** \_\_\_\_\_

**Comments :**



I CERTIFY THAT: (i) this institution receives its fundamental support from sources other than taxes, and is accredited by an agency recognized by the U.S. Secretary of Education, namely: \_\_\_\_\_, and (ii) this student has filed a Free Application For Student Aid (FAFSA) and qualifies for financial aid.

Signature \_\_\_\_\_ Title \_\_\_\_\_

College or University \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email \_\_\_\_\_

**Address to which scholarship funds should be mailed.**

College or University \_\_\_\_\_

Department and/or address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

*For Academic Year 2017-2018*