



Financial Aid Worksheet Cover Page

for Academic Year 2018-19

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.

Name: (First) _____ (M) _____ (Last) _____

Applicant's Home Email: _____

Best Summer Email Address: _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Area Code & Phone: (____) _____ Cell Phone: (____) _____

I (THE APPLICANT) AUTHORIZE THE FINANCIAL AID OFFICE OF THIS COLLEGE OR UNIVERSITY TO PROVIDE THE INFORMATION INCLUDED IN THE ATTACHED FINANCIAL AID WORKSHEET TO THE EDMUND F. MAXWELL FOUNDATION ("FOUNDATION") TO ENABLE THE FOUNDATION TO EVALUATE MY APPLICATION FOR A SCHOLARSHIP TO ATTEND THIS INSTITUTION.

Signed: _____ Date: _____

The Applicant



Financial Aid Worksheet for Academic Year 2018-19

New Applicants Please have financial aid representative submit completed worksheet by May 18, 2018 to the address below.

Returning Applicants Please have financial aid representative submit completed worksheet to the address below as soon as your 2018-19 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
admin@maxwell.org

Figures accepted only for the Academic Year: 2018-2019

Student Name: (First) _____ (M) _____ (Last) _____

Student ID No. (when issued): _____

Student Budget

Student Resources

| | | | |
|-------------------|-------|----------------------|-------|
| Tuition & Fees | _____ | Parent Contribution | _____ |
| Room & Board | _____ | Student Contribution | _____ |
| Books & Supplies | _____ | Other | _____ |
| Transportation | _____ | | |
| Personal Expenses | _____ | | |
| Other | _____ | | |
| TOTAL | _____ | TOTAL | _____ |

DIFFERENCE (Financial Aid Required): _____



Describe sources of
 Grants and Scholarships

Y/N ¹

Amount

| Describe sources of Grants and Scholarships | Y/N ¹ | 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.



| Loans and Work-Study | Y/N ² | Y/N ³ | 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 work study 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.

Printed Name _____

Signature _____ Title _____

College or University _____ Date Completed _____

Email _____

Address to which scholarship funds should be mailed.

College or University _____

Department and/or address: _____

City, State, Zip Code: _____ - _____

For Academic Year 2018-2019