

Financial Aid Information Release

****TO BE FILLED OUT BY THE COLLEGE/UNIVERSITY FINANCIAL AID OFFICE ****

1. Print this form
2. Complete the "Student Information" section below
3. Sign and date
4. Provide the completed form to your College/University Financial Aid Office.



**** The bottom portion must be completed by the financial aid officer and returned to the Chautauqua Region Community Foundation NO LATER than JUNE 30th.****

STUDENT, PLEASE COMPLETE THE INFORMATION BELOW:

I, _____, give my permission to have any and all of my financial aid, student account, and registration information release to Chautauqua Region Community Foundation for the specified academic year at:

Name of College/University _____ Student College ID or SSN (last 4) _____
Student Name _____ Area Code, Phone _____
Student Signature _____ Date _____

TO BE COMPLETED BY PARENT OR EMANCIPATED STUDENT (if not submitting a FAFSA Form)

I, _____, hereby declare that *I will not be submitting a FAFSA form* for expected family contribution calculation and realize that my student will not be eligible for need-based scholarships.

Signature of Parent/Guardian or Emancipated Student _____ Date _____

COLLEGE FINANCIAL AID OFFICERS, PLEASE COMPLETE THE INFORMATION BELOW:

Provide the following information regarding this student's status at your Institution.

Enrollment Status	What will this student's status be?
<input type="checkbox"/> Full Time	<input type="checkbox"/> N/A <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior <input type="checkbox"/> Graduate
<input type="checkbox"/> Part Time	Graduate Study Year
<input type="checkbox"/> Not Enrolled	<input type="checkbox"/> N/A <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6
Cost of Attendance	_____ (include tuition, fees, room & board, books, supplies, etc.)
Expected Family Contribution	_____ (as determined by FAFSA for current academic year)
Total Grants	_____ Total Scholarship _____
Work Study	_____ Total Loans _____
Financial Aid Officer Signature	_____ Title _____
Date	_____ Area Code, Phone _____

THIS FORM MUST BE IN CRCF OFFICE NO LATER THAN JUNE 30th.

Please return to: Chautauqua Region Community Foundation,
Attention: Lisa Lynde, Program Officer,
418 Spring Street, Jamestown, NY 14701
Fax (716) 488-0387 Phone (716) 661-3394