

Financial Information (read instructions carefully): Students need to complete the front page and submit this *Financial and School Information Form* to the Financial Aid office of your **top choice academic institution**. Ask them to complete the form and return it to the Saginaw Community Foundation. ***Your scholarship acceptance will be considered incomplete if this form is not returned. It is your responsibility to follow up with the college financial aid office to ensure that the Saginaw Community Foundation receives the information.***

Applicant Information *(to be completed by student)*

Name: Samantha Wendling

SSN (last 4 digits) 8108 Date of Birth: 03-12-2005

Primary Address: 15544 Gasper Road Apt. # _____

City, Township State Zip

Phone Number: (989) 798-7207

Personal Email Address: jo021518@gmail.com

School Information *(to be completed by student)*

Name of College: Saginaw Valley State University (SVSU)

Financial Aid Office Telephone Number: (989) 964-4900 Fax: 989-964-4291

Financial Aid Office Address: (Checks cannot be made out directly to the student)

7400 Bay Road Attn: Scholarships & Financial Aid

University Center MI 48710
City, Township State Zip

Known Scholarships and Amounts: Bal Cueva Family Memorial Scholarship (\$1,000)

G.M. DAW Local 668 Educational Scholarship (*599)

Authorization to Release Information:

I authorize (name of college/university) SVSU to provide a representative of the Saginaw Community Foundation with my enrollment status, transcript, or financial information for consideration during the scholarship acceptance process.

Student Signature: _____ Date: 9-14-2023

Parent (or Guardian) Signature: Beth Wendling
(both signatures required for student with Dependent status)

Stop! Please present the other side of this form to your college's financial aid office for them to complete and return to the Saginaw Community Foundation.

Financial Aid Information

Information below must be completed by a College Financial Aid Officer

To the Financial Aid Officer: Please complete the information below and return to the Saginaw Community Foundation. Please contact Chamika Ford at 989-755-0545 or email at chamika@saginawfoundation.org if you have any questions.

Before a student can be considered for this scholarship, a financial aid officer must complete the following information:

Student Name _____

Student ID Number _____

Dependency status: ☐ Independent Student EFC from SAR \$ _____ or,
☐ Dependent Student EFC from SAR \$ _____

☐ Student did not apply for financial aid for the 2023-2024 school year

☐ Application for financial aid is incomplete

☐ Student has completed FAFSA for the upcoming year. Of the student's financial aid package for the period of **2023-2024 academic year (Fall – Winter/Spring if Applicable)**, please indicate what cost is covered by the following:

Expenses	Cost at your Institution	Amount covered by Scholarships (Institutional & Outside)	Amount covered by Grants (including Pell, TIP and MIAchieve)	Amount to be covered by Student/Family
Tuition (<i>directed to tuition only</i>)				
Books				
Course-Related Fees				
Other Fees				
Room & Board (<i>only if student is not living at home</i>)				

Does the scholarship amounts listed in the table above include the scholarships listed on the previous page? ☐ Yes ☐ No

Tuition due dates:

Fall 2023 Semester: _____ Winter 2024 Semester: _____

Financial Aid Official

Receiving a scholarship:

☐ will

☐ will not

adversely affect the applicant's eligibility for other grants other than subsidized loans

Signature: _____ Title: _____

College: _____ Date: _____

Phone: _____ Fax: _____

Submit this form to:

Saginaw Community Foundation, 1 Tuscola, Suite 100, Saginaw, MI 48607
Phone: (989) 755-0545 Fax: (989) 755-6524 or Email to chamika@saginawfoundation.org

For Internal Use (SCF ONLY):

Received By: _____ Date Received: _____

Date Recorded: _____