

# Missouri Mycological Society

## FINANCIAL AID FORM

This form must be completed by the Financial Aid Officer of the college or university involved and by the student, and must be signed by both of those individuals.

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 the MOMS Scholarship Committee. Since actual financial need is one of the determining factors in the awarding of scholarships, it is necessary that all of the requested information be supplied

Use the following form to show all ANTICIPATED SOURCES OF FUNDS, including scholarships other than the anticipated one from MOMS, List assistantships, educational insurance policies, etc., as well as all projected costs involved in attending college in the 2009-2010 school year. It is not required that projected resources and expenditures balance.

**PLEASE NOTE:** The student must mail this form, along with other required application materials to Missouri Mycological Society – 909 Woodside Village Lane – Ballwin, MO 63021-6938. Please do not mail directly to MOMS Scholarship Chair.

### **ANTICIPATED RESOURCES**

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

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

### **PROJECTED EXPENDITURES**

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

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

THIS WILL AUTHORIZE THE RELEASE OF MY FINANCIAL NEED FORM to the Missouri Mycological Society, for the purpose of evaluation in awarding a scholarship.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
College/University

### **FINANCIAL AID OFFICER:**

Is this student eligible for receiving financial aid at your institution? Yes  No

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Extension

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Date