

# KRUCKENBERG SCHOLARSHIP FUND at SCHOLARS FIRST

18101 Von Karman Avenue, Suite 750  
Irvine, CA 92612  
(877) 968-6328

## **INSTRUCTIONS:**

**APPLICANT:** *Complete Section 1* first. Present this signed form and a copy of your scholarship award letter to the financial aid office of the high school/college/university you are attending. **Please allow the financial aid office sufficient time to complete this form.**

**HIGH SCHOOL/COLLEGE/UNIVERSITY:** *Complete Section 2.* The financial aid office will return this form to Scholars First at the address shown above or emailed to [hrees@scholarsfirst.org](mailto:hrees@scholarsfirst.org). No substitute forms, please. The complete name and address of the high school/college/university (including the office to which scholarship payments should be mailed), must be provided. Please ensure that the information reported represents the entire academic year.

## **CONSENT FOR RELEASE OF INFORMATION**

Section 1: *To be completed by the applicant.* I, \_\_\_\_\_ ( \_\_\_\_\_ ),  
Print Applicant Name Student ID

hereby consent to have information regarding my records in the financial aid office, at

\_\_\_\_\_, discussed and/or released to Scholars First.  
Print College/University Name

This consent includes the release of copies of any documents that have been submitted to the financial aid office and will remain in effect until I notify, in writing, the financial aid office otherwise.

\_\_\_\_\_  
Applicant Signature Date

## **VERIFICATION OF FINANCIAL NEED**

Section 2: *To be completed by the high school/college/university.*

AUTHORIZED EXPENSES		OTHER GRANTS, AWARDS & SCHOLARSHIPS	
_____ - _____	ACADEMIC YEAR	_____ - _____	YEAR
Tuition	\$ _____	Pell Grant	\$ _____
Personal	\$ _____	SEOG	\$ _____
Books & Supplies	\$ _____	Cal Grants	\$ _____
Room & Board	\$ _____	Other Grants	\$ _____
Transportation	\$ _____	Other Scholarships	\$ _____
Other Institutional Charges	\$ _____	<b>TOTAL</b>	<b>\$ _____</b>
<b>TOTAL</b>	<b>\$ _____</b>	Loans	\$ _____
		Parent Contribution	\$ _____

\_\_\_\_\_  
Complete Name of High School/College/University (including office to which scholarship payment should be mailed)

\_\_\_\_\_  
Address of High School/College/University: Street City State Zip

\_\_\_\_\_  
Print Name of Authorized Representative Title

\_\_\_\_\_  
Signature of Authorized Representative Date

**\*Financial Aid Office – Please mail (address above) or email a copy of the form to [hrees@scholarsfirst.org](mailto:hrees@scholarsfirst.org)**