SPERRY 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.** 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 _____-_____ ACADEMIC YEAR		OTHER GRANTS, AWARDS & SCHOLARSHIPS _____-_____ YEAR	
Tuition	$ _____	Pell Grant	$_____
Personal	$ _____	SEOG	$_____
Books & Supplies	$ _____	Cal Grants	$_____
Room & Board	$ _____	Other Grants	$_____
Transportation	$ _____	Other Scholarships	$_____
Other Institutional Charges	$ _____	**TOTAL**	**$**_____
TOTAL	**$** _____	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**