



## CONTINUING EDUCATION SCHOLARSHIP (CES) 2019-20 RELEASE FORM

**Complete Section 1, manually sign, and forward to your college's Financial Aid Office to complete Section 2**

**Section 1: Completed by the STUDENT**

The Financial Aid Office will not be able to complete Section 2 below until you provide all verification documents, if required.

\_\_\_\_\_ XXX - XX - \_\_\_\_\_  
 Student First and Last Name (Please PRINT) Soc. Sec. # (Last 4) College ID # MHS Grad Class

**Information Release Statement:** I give explicit written consent for the Financial Aid, Student Accounts, Registrar's or other offices at (Name of College/School): \_\_\_\_\_ to release my FAFSA information or other details regarding my aid eligibility, student account status, or grades to Milton Hershey School for the purposes of determining my scholarship eligibility.

Student email: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Section 2: Completed by the COLLEGE Financial Aid Office**

*Financial Aid Office – Please COMPLETE THIS FORM ONLY AFTER YOUR 2019-20 COSTS ARE FINALIZED and the STUDENT HAS COMPLETED VERIFICATION (if applicable). Do NOT include books, personal, transportation costs, etc. Questions? Contact our office at (717) 520-2037 or MHSGPS@mhs-pa.org*

**ALL DATA APPLIES TO THE 2019-20 ACADEMIC YEAR ONLY (Do NOT include Summer)**

(1) Housing Status: \_\_\_ On-Campus \_\_\_ Off-Campus in Apt. \_\_\_ At Home/Relative (Commuter)

(2) CES Student Budget: How many term(s) of anticipated **full-time enrollment** are included in budget below? \_\_\_\_\_

Tuition	\$ _____
Fees	\$ _____
Room – Standard Double Dorm Room Rate	\$ _____
Board – Standard Meal Plan Rate (15 – 19 meals)	\$ _____
<b>Total</b>	<b>\$ _____</b>

Academic Year Beginning & Ending Dates \_\_\_/\_\_\_/\_\_\_ --- \_\_\_/\_\_\_/\_\_\_

(3) Federal Expected Family Contribution (EFC) \$ \_\_\_\_\_

**Date FAFSA Submitted** \_\_\_\_\_

**BUDGET QUESTIONS**  
**\*Payment due date(s) for each term in budget?**  
 Fall/1<sup>st</sup> Quarter/Tri \_\_\_\_\_  
 Winter/2<sup>nd</sup> Quarter/Tri \_\_\_\_\_  
 Spring/3<sup>rd</sup> Quarter/Tri \_\_\_\_\_

(4) Total Gift Aid Awarded (ALL federal, state, college & private grants or scholarships) \$ \_\_\_\_\_

Gift aid lost (for example -late FAFSA, verification incomplete, low GPA, etc.) \$ \_\_\_\_\_

Reason Lost (if applicable): \_\_\_\_\_

(5) Maximum scholarship amount student may receive without jeopardizing current gift aid \$ \_\_\_\_\_

Name of FAO: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_ Email: \_\_\_\_\_

**Please forward completed form via one of the following:** Email: MHSGPS@mhs-pa.org Fax: (717) 520-2033  
 Mail: Milton Hershey School, Graduate Programs for Success (GPS), PO Box 830, Hershey, PA 17033