

MILTON HERSHEY SCHOOL

Graduate Programs for Success (GPS) P.O. Box 830 • Hershey, PA 17033 PHONE: 717.520.2037 • FAX: 717.520.2033 EMAIL: MHSGPS@mhs-pa.org

2020-2021 Continuing Education Scholarship (CES) Release Form

		CC II WWW WW	C 11 ''	D.II
Name:		SS #: XXX-XX	College II	D#:
MHS Class: Email: _			Phone #:	
Il give written consent for Financial Ai o release details regarding my aid elig	d, Student Account ibility, student acc	s, Registrar's or other offices at (College)_ ount status, or grades to Milton Hershey School for the pu	rposes of determini	ng my scholarship eligibility."
Student Signature:		Date:/		
		o be completed by the Financial Aid Officer finalized and verification (if applicable) is o		
Academic year start and end da	tes:/_	to		
FAFSA Completion Date:	_//_	EFC: Housing Status:	On Campus	☐ Off-Campus ☐ Commute
Number of Terms in Budget list	ted below: 🗖 1	1 2 3		
Full Time Standard Costs (DO NOT include late fees, fines, health insurance, etc.)	COSTS	TOTAL GIFT AID AWARDED (DO NOT include loans or work-study)	AMOUNT	Bill Due Dates for Budget terms:
Tuition	\$	State Grant, Pell, SEOG, Scholarships and Institutional Awards.	\$	Fall/1st Quarter/Tri:
Fees	\$	mistitutional riwards.		
Room (2 person, double)	\$	Maximum MHS Scholarship amount	\$	Winter/2 nd Quarter/Tri:
Meal Plan (15-19 meals)	\$	student can receive without jeopardizing current gift aid.		Spring/3 rd Quarter/Tri:
TOTAL	\$			
Lost Gift Aid/Gift Aid less that	n last vear? If \	YES, provide the amount and reason (Grades, n	nissed deadline.	EFC higher, Verification, etc.)
·	-			ar a mgrior, y ormioudion, edd.
\$ Reason lost:				
Name of FAO:		Phone :	#:	
		Date:/ Em		

CES OFFICE USE	CES AWARDS	AMOUNT	REVISION
	COLLEGE		
	STU		
	3 RD PARTY		
	BOOKS		
	BONUS	_	