

CONTINUING EDUCATION SCHOLARSHIP (CES)

SUMMER 2020 RELEASE FORM

STUDENT INFORMATION SECTION – To be completed by the student. NOTE: MHS support for summer living expenses is determined by your dates of enrollment and number of credits. See: <https://www.mhsalum.org/graduate-resources/ces/whats-covered/>

Name: _____ SS #: XXX-XX-_____ College ID#: _____

MHS Class: _____ Email: _____ Phone #: _____ # of Summer Credits: _____

Summer Address: _____
Street City State Zip

"I give written consent for Financial Aid, Student Accounts, Registrar's or other offices at (College) _____ to release details regarding my aid eligibility, student account status, or grades to Milton Hershey School for the purposes of determining my scholarship eligibility."

Student Signature: _____ Date: ____/____/____

FINANCIAL AID OFFICE SECTION –To be completed by the Financial Aid Officer. INSTRUCTIONS: Complete this form AFTER the student's educational costs are finalized and verification (if applicable) is complete. Return by email or fax to MHS.

Summer start and end dates: ____/____/____ to ____/____/____ # of credits considered **full-time** for summer: _____

FAFSA Completion Date: ____/____/____ EFC: _____ Housing Status: ☐ On Campus ☐ Off-Campus ☐ Commuter

of summer credits included in budget below: _____

| Costs (DO NOT include late fees, fines, health insurance, etc.) | COSTS | TOTAL GIFT AID AWARDED (DO NOT include loans or work-study) | AMOUNT | Summer Term Bill Due Date: ____/____/____ |
|---|-------|---|--------|--|
| Tuition | \$ | State Grant, Pell, SEOG, Scholarships and Institutional Awards. | \$ | Is Gift Aid Available for Summer? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fees | \$ | | | |
| Room (2 person, double) Off campus/Commuter = '0' | \$ | Maximum MHS Scholarship amount student can receive without jeopardizing current gift aid. | \$ | Did the student apply for summer financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Meal Plan (15-19 meals) Off campus/Commuter = '0' | \$ | | | |
| TOTAL | \$ | | | |

Lost Gift Aid/Gift Aid less than last year? If YES, provide the amount and reason (Grades, missed deadline, EFC higher, Verification, etc.)

\$ _____ Reason lost: _____

Name of FAO: _____ Title: _____ Phone #: _____

Signature: _____ Date: ____/____/____ Email: _____

| CES OFFICE USE | CES AWARDS | AMOUNT | REVISION |
|----------------|-----------------------|--------|----------|
| | COLLEGE | | |
| | STU _____ | | |
| | 3 RD PARTY | | |
| | BOOKS | | |
| | BONUS | | |
| | | | |