

**MILTON HERSHEY SCHOOL  
SUMMER 2023 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/>**

Student Name: \_\_\_\_\_ College Name: \_\_\_\_\_

MHS Class: \_\_\_\_\_ Student Email: \_\_\_\_\_ Student Phone: \_\_\_\_\_ College ID: \_\_\_\_\_

Summer Address: \_\_\_\_\_ # Summer Credits: \_\_\_\_\_  
Street City State Zip

*"I give written consent for Financial Aid, Student Accounts, Registrar's or other offices at the college named above 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: \_\_\_\_\_ 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 SUMMER GIFT AID AWARDED (DO NOT include loans or work-study)	AMOUNT	Summer Term Bill Due Date: ____/____/____
Tuition & Fees	\$	State Grant, Pell, SEOG, Scholarships and Institutional Awards.	\$	Is Gift Aid Available for Summer?  <input type="checkbox"/> Yes <input type="checkbox"/> No
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	REVISION