

**MILTON HERSHEY SCHOOL
SUMMER 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 enrolled in for summer: _____

FAFSA Completion Date: ____/____/____ SAI: _____ Status: On Campus Off-Campus Commuter

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