

# TEXAS GARDEN CLUBS, INC.

## FINANCIAL AID FORM

This form must be completed by the Financial Aid Officer of the college/university involved and the student. It must be signed by both. This information will be held in strict confidence and made available only to the TGC, Inc. Scholarship Committee. Since actual financial need is one of the criteria in the awarding of scholarships, please supply all the requested information.

All **ANTICIPATED RESOURCES** including scholarships, assistantships, educational insurance policies, etc. and **ALL PROJECTED COSTS** involved in attending college for the upcoming school year must be given. It is not required that projected resources and expenditures balance.

### ANTICIPATED RESOURCES

\_\_\_\_\_ From parent and/or relative  
\_\_\_\_\_ From personal savings  
\_\_\_\_\_ Educational Insurance Policies  
\_\_\_\_\_ School-year earnings  
\_\_\_\_\_ Grants/Scholarships  
\_\_\_\_\_ Loans  
\_\_\_\_\_ Other  
\_\_\_\_\_ **Total Funds Available**

### PROJECTED EXPENDITURES

\_\_\_\_\_ Tuition and fees  
\_\_\_\_\_ Housing  
\_\_\_\_\_ Board  
\_\_\_\_\_ Books/Supplies  
\_\_\_\_\_ Clothing/Laundry  
\_\_\_\_\_ Transportation  
\_\_\_\_\_ Other  
\_\_\_\_\_ **Total Expenses**

This will authorize the release of my financial need form to Texas Garden Clubs, Inc.'s Scholarship Chair:

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL AID OFFICER:** Is this student eligible for or receiving financial aid at your Institution?

Grants/Scholarships \_\_\_\_\_ Student Loans \_\_\_\_\_ Has this student applied for financial aid at your school? \_\_\_\_\_ **FINANCIAL AID**

**OFFICER'S SIGNATURE**

\_\_\_\_\_  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Nancy Gifforn, V. P. Scholarships

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