

## Macpherson Scholarship Consent to Release Information

### Student Section:

I, \_\_\_\_\_ (print full legal name), applicant for the Macpherson Scholarship, hereby, authorize \_\_\_\_\_ (name of college/university) to share financial aid information (listed below) with the Macpherson scholarship committee to determine financial eligibility for the Macpherson Scholarship.

Applicant Signature

Last 4 of SS#

Date

\_\_\_\_\_

Complete the Student Section of the consent form. Then you must send the form to your Financial Aid Office for that office to complete the Financial Aid Office Section and send it to the email at the bottom of this consent form.

\_\_\_\_\_

### Financial Aid Office Section:

To be completed by the Financial Aid Officer from the college/university:

#### Financial Aid Information

Academic Year 2023-2024

Student's cost of attendance \$ \_\_\_\_\_

Student's expected family contribution \$ \_\_\_\_\_

Financial Aid awarded

Pell Grant \$ \_\_\_\_\_

MN State Grant \$ \_\_\_\_\_

Other scholarship or grants \$ \_\_\_\_\_

Work Study \$ \_\_\_\_\_

Student Loans \$ \_\_\_\_\_

Parent Loans \$ \_\_\_\_\_

Other Financial Assistance \$ \_\_\_\_\_

Financial Aid Officer Print

Financial Aid Officer Signature

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

College/University \_\_\_\_\_

Date \_\_\_\_\_

Financial Aid Officer, you need to email this completed form to [admissions@cemscholarship.org](mailto:admissions@cemscholarship.org) for the student to be considered for this scholarship.