

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 2024-2025

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 for the student to be considered for this scholarship.