

# The Baur Family Estate

## Educational Scholarship Application



Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Name of Institution \_\_\_\_\_ Signature \_\_\_\_\_ Student Number \_\_\_\_\_ Date \_\_\_\_\_

Complete the above, then personally take the completed Form to the Department of Financial Aid and ask them to complete and sign the completed form and return to you. You **MUST** include this completed document when submitting your application to The Baur Family Estate Education Scholarship.

**The following MUST be completed by the Department of Financial Aid, NOT by the recipient.**

### 1. Total Estimated Cost of Attendance for the 2024-2025 Fall/Spring Academic Year

**DO NOT** provide semester, tri-semester, or quarterly costs; only costs for the Academic Year.

Use costs published on the institution's website to the extent possible.

- a. Total estimated cost for tuition, course fees, and all other fees for the academic year. \$ \_\_\_\_\_
  - b. Total estimated cost for books and supplies, for the academic year. \$ \_\_\_\_\_
  - c. Total estimated average cost double occupancy room Plan, and average cost dining Plan, for the academic year. **Provide even if the student is not living on campus.** \$ \_\_\_\_\_
  - d. Total estimated cost for transportation and personal expenses, for the academic year. \$ \_\_\_\_\_
- Total Estimated Cost of Attendance for the Academic Year (a+b+c+d) \$ \_\_\_\_\_

### 2. Total Dollar Amount of Free Financial Aid for the 2024-2025 Academic Year

**DO NOT** include any financial aid that requires repayment such as a loan, or employment such as Work Study.

- a. Total dollar amount of all scholarships and awards, for the academic year. \$ \_\_\_\_\_
  - b. Total dollar amount of all grants and waivers, for the academic year. \$ \_\_\_\_\_
- Total Free Financial Aid for the 2024-2025 Academic Year (a+b) \$ \_\_\_\_\_

### 3. Recipient's FAFSA EFC for the academic year \$ \_\_\_\_\_

I hereby certify that the above information is an accurate representation of the above recipient's Total Estimated Cost of Attendance, Total Free Financial Aid, and Recipient's FAFSA EFC for the 2024-2025 Academic Year.

Authorized Representative:

\_\_\_\_\_  
Name (print) Position

\_\_\_\_\_  
Signature Phone Number Date

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### FINANCIAL AID FORM

This form must be completed by the Financial Aid Officer of the college/university or technical school Involved and the student. It must be signed by both. This information will be held in strict confidence and made only to The Baur Family Estate Educational Scholarship Committee. Since financial need is one of the criteria in 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 or technical school for the upcoming school year must be given. It is not required that projected resources and expenditures balance.

Anticipated Resources	Projected Expenditures
From personal savings	Housing
Health Insurance Policies	Board
Grants/Scholarships	Books/Supplies
Loans	Transportation
Other	Other
Total Funds	Total Expenses

This will authorize the release of my financial need form to The Baur Family Estate Educational Scholarship Committee.

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

Financial Aid Officer: Is this student eligible for/or receiving financial aid at your institution?

Grants/Scholarship \_\_\_\_\_ Student Loans \_\_\_\_\_  
 Has this student applied for financial aid at your school? \_\_\_\_\_ Financial Aid

Name of Financial Aid Officers \_\_\_\_\_,

Officer's Signature \_\_\_\_\_

Address \_\_\_\_\_

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