



## CONTINUING EDUCATION SCHOLARSHIP (CES) 2015-16 RELEASE FORM

**Complete Section 1 and forward to your college's Financial Aid Office for completion of Section 2**

**Section 1: Completed by the STUDENT**

\_\_\_\_\_ Student Name (Please PRINT)      \_\_\_\_\_ Social Security #      \_\_\_\_\_ College ID #      \_\_\_\_\_ MHS Grad Class

**Information Release Statement:** I authorize the Financial Aid, Student Accounts, Registrar's and/or other offices at \_\_\_\_\_ (Name of Your College/School) to release information to Milton Hershey School regarding my scholarship eligibility, financial aid, grades, and/or student account status.

Student email: \_\_\_\_\_ Student Phone #: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**Section 2: Completed by the COLLEGE Financial Aid Office**

*Financial Aid Office – Please COMPLETE THIS FORM ONLY AFTER YOUR 2015-16 COSTS ARE FINALIZED and the STUDENT HAS COMPLETED VERIFICATION (if applicable). Do NOT include books, personal, transportation costs, etc.*

**ALL DATA APPLIES TO THE 2015-16 ACADEMIC YEAR ONLY (Do NOT include Summer)**

- (1) Housing Status:    \_\_\_ On-Campus    \_\_\_ Off-Campus in Apt.    \_\_\_ At Home/Relative (Commuter)
- (2) CES Student Budget: How many term(s) of anticipated **full-time enrollment** are included in budget below? \_\_\_\_\_

Tuition	\$	_____
Fees	\$	_____
Room – Standard Double Dorm Room Rate	\$	_____
Board – Standard Meal Plan Rate (15 – 19 meals)	\$	_____
<b>Total</b>	<b>\$</b>	<b>_____</b>

**BUDGET QUESTIONS**  
\*Payment due date(s) for each term in budget?

Fall/1<sup>st</sup> Quarter/Tri \_\_\_\_\_

Winter/2<sup>nd</sup> Quarter/Tri \_\_\_\_\_

Spring/3<sup>rd</sup> Quarter/Tri \_\_\_\_\_

Academic Year Beginning & Ending Dates \_\_\_/\_\_\_/\_\_\_ --- \_\_\_/\_\_\_/\_\_\_

- (3) Federal Expected Family Contribution (EFC)      \$ \_\_\_\_\_  
**Date FAFSA Submitted** \_\_\_\_\_

- (4) Total Gift Aid Awarded (ALL federal, state, college & private grants or scholarships)      \$ \_\_\_\_\_  
Gift aid lost (for example -late FAFSA, verification incomplete, low GPA, etc.)      \$ \_\_\_\_\_

Reason Lost (if applicable): \_\_\_\_\_

- (5) Maximum scholarship amount student may receive without jeopardizing current gift aid      \$ \_\_\_\_\_  
Cause of gift aid reduction would be: College Policy \_\_\_\_\_ Gift Aid exceeds COE \_\_\_\_\_ Other \_\_\_\_\_

**Please forward completed form to:** (Contact our office at **717-520-3305**, **717-520-2315**, or **717-520-2036** with questions)  
Milton Hershey School, Transition Services Office, PO Box 830, Hershey, PA 17033      Fax (717) 520-2033

Name of FAO: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Email \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_