



CONTINUING EDUCATION SCHOLARSHIP (CES) 2018-19 RELEASE FORM

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

Section 1: Completed by the STUDENT

The Financial Aid Office will not be able to complete Section 2 below until you provide all verification documents, if required.

Student First and Last Name (Please PRINT) XXX - XX - _____ _____
Soc. Sec. # (Last 4) College ID # MHS Grad Class

Information Release Statement: I give explicit written consent for the Financial Aid, Student Accounts, Registrar's or other offices at (Name of College/School): _____ to release my FAFSA information or other details regarding my aid eligibility, student account status, or grades to Milton Hershey School for the purposes of determining my scholarship eligibility.

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 2018-19 COSTS ARE FINALIZED and the STUDENT HAS COMPLETED VERIFICATION (if applicable). Do NOT include books, personal, transportation costs, etc. (Questions? Contact our office at 717-520-3305, 717-520-2315, 717-520-2036, or MHSGPS@mhs-pa.org)

ALL DATA APPLIES TO THE 2018-19 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)	\$	_____
Total	\$	_____

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 \$ _____

Name of FAO: _____ Title: _____ Phone #: _____

Signature _____ Date: _____ Email: _____

BUDGET QUESTIONS
*Payment due date(s) for each term in budget?
Fall/1 st Quarter/Tri _____
Winter/2 nd Quarter/Tri _____
Spring/3 rd Quarter/Tri _____

Please forward completed form via one of the following: Email: MHSGPS@mhs-pa.org Fax: (717) 520-2033
Mail: Milton Hershey School, Graduate Programs for Success, PO Box 830, Hershey, PA 17033