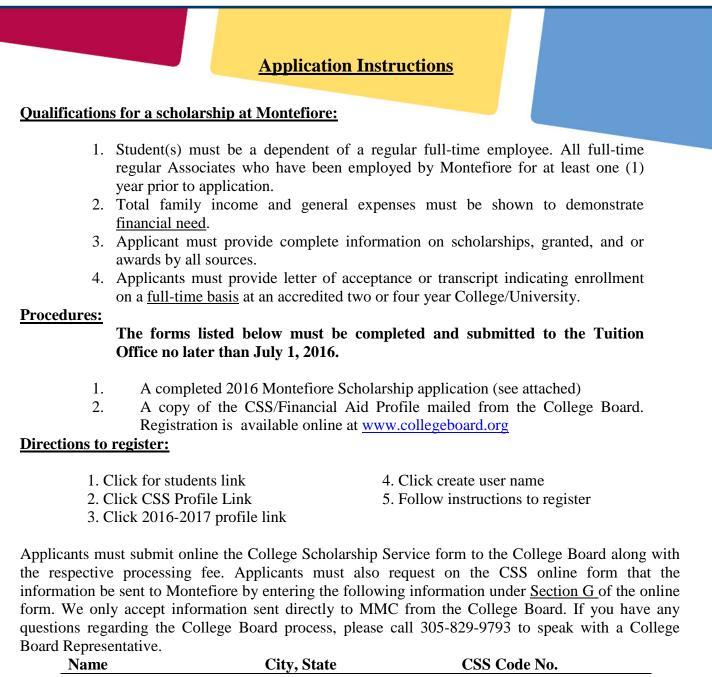
College Scholarship Program

For Children of Montefiore Associates





Name	City, State	CSS Code No.
Montefiore	Bronx, NY	0506

- 3. A college <u>Financial Aid Statement</u> form (use attached form) must be completed by the college financial aid office. <u>DO NOT FILL OUT THIS</u> <u>FORM YOURSELF.</u>
- 4. A letter of Acceptance if the dependent is a new student or a transcript of grades from last semester if the student is continuing in school.

IF FOR ANY REASON THESE FORMS ARE NOT COMPLETED AND RECEIVED BY JULY 1ST 2016, THE APPLICATION CANNOT BE PROCESSED BY THE TUITION OFFICE. **THERE WILL BE NO EXCEPTIONS.** IF YOU ARE UNCLEAR ABOUT ANY OF THE ABOVE INSTRUCTIONS, PLEASE CALL 914-349-8563 OR EMAIL <u>TUITION@MONTEFIORE.ORG</u>. PLEASE DO NOT WAIT UNTIL DEADLINE DATE.



Employee Information		
Name:	EZID: Date Hire:/_/	
Home Address:	Apt#	
City	State Zip Code	
Contact Phone # ()	Department Phone # ()	
□ Moses □ Weiler	\Box North Division \Box CMO/EHIT \Box MMG	
Position	Department	
Student Information		*********
	Date of Birth/	
] Freshman 🛛 🗆 Soj	phomore 🗆 Junior 🗆 Senior	
lave you received a Montefiore	e Scholarship in the past: □ Yes □ No	
lame of College		
Address		
College Phone # ()		
Where will you be living during] Home □ Dormitory/ Off C		
I certify that the informati	ion provided on this application is complete and accurate.	
Student Signature	Date	-
	Date	-
Parent/Guardian Signature		

2016-2017 College Financial Aid Statement

Dear Financial Aid Officer:

As part of the application process for the 2016 Montefiore Scholarship program, it is a requirement to submit an official statement from the registered college/university listing all scholarship aid(s) that will be received and total tuition cost during the academic year of 2016/2017.

For this reason, I am requesting that you complete and sign the lower portion of this form and affix the official college seal in the place indicated below.

Thank You

Signature of Student

	Print Name
Total Tuition for 2016/2017	\$
Cost of Room and Board for the year	\$
Pell Award	\$
TAP Award Per Year	\$
Regents Scholarship	\$
Scholarship from College	\$
Other (excluding loans)	\$
Total Scholarship Aid	\$
Financial Aid Officer Signature	-
Date	Official School Seal

PLEASE NOTE: The school seal must be stamped on this request. If the school seal is unavailable, this statement of aid must appear on <u>official college</u> <u>letterhead</u> signed by the Financial Aid Officer.

PLEASE RETURN THIS FORM TO: (No later than July 1, 2016) Tuition Office, Benefits Department 111 East 210th Street Bronx, NY 10467

