



Saginaw

community foundation

Scholarship and Financial Information Form
2025-2026 Academic Year

*This Form Has Two Sides
Due By: July 28, 2025

Financial Information (read instructions carefully): All scholarship recipients must complete page one and submit the entire form to the Financial Aid office of the academic institution where they are enrolled for the 2025-2026 academic year. The financial aid office must complete page two and return the form to the Saginaw Community Foundation (SCF). The Financial Information Form is due from the college by Monday, July 28, 2025

Your scholarship acceptance will be considered incomplete if this form is not returned. It is your responsibility to follow up with the college financial aid office to ensure that the Saginaw Community Foundation receives the information.

Applicant Information (to be completed by student)

First & Last Name
SSN (last 4 digits) Date of Birth:
Primary Address: Street Apt. #
City, Township State Zip
Phone Number: ()
Personal Email Address:

School Information (to be completed by student)

Name of College:
Student ID Number:
Financial Aid Office Telephone Number: ()
Financial Aid Office Address: (Checks cannot be made out directly to the student)
Street
City, Township State Zip
Known Scholarships and Amounts:
(Non-SCF Scholarships)

Authorization to Release Information:

I authorize (name of college/university) to provide a representative of the Saginaw Community Foundation with my enrollment status, transcript, or financial information for consideration during the scholarship acceptance process.
Student Signature: Date:
Parent (or Guardian) Signature:
*Both signatures required for student with Dependent status

Stop Here! Email or deliver this form to your college's financial aid office to complete and return to the SCF!

Financial Aid Information

All of the Information Below Must Be Completed by A College/University Financial Aid Official

To the Financial Aid Official: Please complete the information below and return to the Saginaw Community Foundation. Please contact Chamika Ford at 989-755-0545 or email at chamika@saginawfoundation.org if you have any questions. Before a student can receive payment for this scholarship, a financial aid representative must complete the following information:

Student Name: _____
Student ID Number: _____
Student Major: _____

- Student did not apply for financial aid for the 2025-2026 school year (no FAFSA information collected)
- Application for financial aid is incomplete
- Student has completed FAFSA for the upcoming year.

Dependency status (complete one, if applicable):

- Independent Student SAI from FAFSA Report \$ _____
- Dependent Student SAI from FAFSA Report \$ _____

Based on the student's financial aid package for the period of **2025-2026 academic year** (Fall to Winter/Spring if Applicable), please indicate the expenses for your institution and the amounts covered by any of the following:

Educational Expenses	Cost at your Institution <i>(Estimates are acceptable)</i>	Amount covered by Scholarships <i>(Institutional & Outside)</i>	Amount covered by Grants <i>(including Pell, TIP, MI Achieve, etc.)</i>	Amount to be covered by Student/Family
Tuition <i>(directed to tuition only)</i>				
Books				
Course-Related Fees				
Other Fees				
Room & Board <i>(only if the student will live on campus)</i>				
The figures above are based on <i>(select all that apply)</i> : <input type="checkbox"/> Full academic year <input type="checkbox"/> One semester <input type="checkbox"/> Full-time enrollment <input type="checkbox"/> Less than full-time enrollment				
Comments: (Optional)				

- Do the scholarship amounts you've listed in the table above include the scholarships the student listed on the previous page? Yes No N/A
- Based on the scholarship and federal aid you've listed in the table above, please indicate the total dollar amount that is restricted to tuition only, if any: \$ _____

Tuition Due Dates:

Fall 2025 Semester: _____ Winter 2026 Semester: _____

Financial Aid & Scholarships

Receiving a scholarship:
 will will not adversely affect the student's eligibility for other grants other than subsidized loans.

Financial Aid Representative

Name (Print): _____
 Signature: _____ Title: _____
 College: _____ Date: _____
Please Provide A Direct Phone Number and Email Address for The Person Completing This Form in the Space Below.
 Phone Number: _____ Ext: _____
 Email Address: _____

Submit this form by July 28, 2025 to:
Saginaw Community Foundation, 1 Tuscola, Suite 100, Saginaw, MI 48607
Phone: (989) 755-0545, Fax: (989) 755-6524, or Email to chamika@saginawfoundation.org

For Internal Use (SCF ONLY):

Received By: _____ Date Received: _____ Amt. Requested: _____ Amt. Payable: _____
 Fund #s and Amounts: _____
 Recorded: Date Recorded: _____