

APPLICANTS ARE TO COMPLETE THE TOP SECTION AND THEN SEND THIS FORM TO THE FINANCIAL AID OFFICE OF THE SCHOOL THEY WILL BE ATTENDING!!!!



HILDA E. BRETZLAFF FOUNDATION, INC.

1550 N. Milford Road, Suite 101, Milford MI 48381

To Be Completed by **Applicant**:

I authorize _____ to release the information requested below to the Hilda E. Bretzlaff Foundation
(college/university)
for consideration during my scholarship selection process.

Name of Student: _____ Social Security # ____/____/____ Phone _____

Address: _____
(Street) (City) (State) (Zip) (e-mail address)

Student or Parent's Signature: _____ Date: _____

To be completed by the **Financial Aid Office**:

The above named student is applying for a scholarship from the Hilda E. Bretzlaff Foundation. Please complete the information below and return it directly to:

The Hilda E. Bretzlaff Foundation
Attn: Kathleen Lindbeck
1550 N. Milford Rd., Suite 101
Milford, MI 48381
Phone: 248-684-3408 Fax: 248-684-2648

HEBF would like to thank you for your assistance and requests that this form be postmarked or faxed no later than August 4, 2009. If a scholarship is not yet confirmed, you may be contacted to get the award amount at a later date.

Please enter the results of your calculations using the methodology applicable to an external scholarship award:

2009/2010 Tuition Costs	\$ _____
2009/2010 Room & Board Costs	\$ _____
Additional Fees	\$ _____
Total	\$ _____
Parent Contribution	\$ _____
Student Contribution	\$ _____
Total Calculated need for 2009/2010	\$ _____

This student was evaluated as _____ a dependent _____ an independent student

Student's School ID# _____ (if needed to request further financial information on unconfirmed grants)

(continued on other side)

To the Financial Aid Office: Information for the 2009-10 academic year should reflect the aid package offered to the student

Coming Year 2009/2010 Package

Other Scholarships/Grants:

Grant Name	Confirmed	Amount	Grant Covers	
			Tuition & Books	Room & Board
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>Federal Pell Grant</u>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total Amount of Other Grants/Scholarships \$ _____

Self-Help Aid:

Loans/Work Study Aid:	Confirmed	Amount
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

Total Amount Loans/Work Study Aid \$ _____

UNMET NEED for 2009/2010 \$ _____

The Hilda E. Bretzlaff Foundation's intentions are to supplement need for tuition and/or books up to a budgeted amount that the student will have above and beyond his/her other grant amounts. The Self-Help Aid information helps HEBF gain a bigger picture of the amount of need the student has.

Name of Financial Aid Officer Completing this form: _____

Title: _____ Phone: _____

College/University: _____ E-mail address: _____

Address: _____
(Street) (City) (State) (Zip)

Please check this box if the above address is where the student's scholarship is to be mailed

Thank you again for your help in this process!!!