

Applicant's Name (Please print)

Student ID#

Applicant's Address

City

State

Zip

Permission is hereby granted for the Financial Aid Office of the below named institution to provide the information requested below to the Bowen Charitable Trust Committee on Distributions for the academic year _____.

Signature of Applicant

Date

Important: Please mail this release form directly to your school in plenty of time to reach the Bowen Charitable Trust Distribution Committee 90 days prior to the semester applying for.

To be completed by the **Financial Aid Officer** at the College or University of attendance for the _____ Academic Year:

COST OF ATTENDANCE:

Tuition/Fees	\$ _____
Room/Board: <i>On Campus</i> _____ <i>Off Campus</i> _____ <i>With Parents</i> _____	_____
Books/Supplies	_____

Total Cost of Attendance: \$ _____

FINANCIAL AID AWARDED: *Estimate* _____ *Actual* _____

Grants:	Federal Pell Grant	_____
	Federal SEOG	_____
	State Need-based Grant	_____
	Institutional Grants	_____
	External Grants	_____

Scholarships:	State Merit-based Sch.	_____
	Institutional Sch. (Academic)	_____
	Institutional Schs. (Other)	_____
	External Schs.	_____

Employment:	College Work Study	_____
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Loans: Federal Subsidized Stafford Loan _____
 Federal Unsubsidized Stafford Loan _____
 Federal Perkins Loan _____
 Federal PLUS Loan (Parents) _____
 Institutional Loan _____
 External Educational Loan _____

Other Loan _____

Other Aid: _____

Total Financial Aid: \$ _____
 Unmet Need: (Total Student Need minus Total Financial Aid) \$ _____

NOTE: The Scholarship Committee reserves the right to revise or cancel awards if the above figures are changed for any reason.

OTHER INFORMATION

For the academic year _____, the above listed student:

1. Is registered or enrolled? Yes _____ No _____
2. Semesters/terms the student will attend: _____
 (Please check all that apply in academic year _____) Summer Header _____ Fall _____ Winter _____ Spring _____ Summer Trailer _____
3. Will attend classes: Full Time _____ 3/4 Time _____ 1/2 Time _____ < 1/2 Time _____
4. For financial aid purposes, the student is: Dependent _____ Independent _____

CERTIFICATION

 Printed Name/Title of Person Completing this Form.

 Name of Institution Telephone Number

 Address of Institution

I certify that the information stated above is true and correct to the best of my knowledge.

 Signature of Individual Identified Above Date

Please mail this completed form 90 Days prior to the start of the semester applying for to:

Bowen Charitable Trust Scholarship
 PO Box 346
 Parkersburg, WV 26102-0346