



New Jersey Association of Student Financial Aid Administrators, Inc.

2017-2018 SCHOLARSHIP FINANCIAL AID VERIFICATION

This form must be completed by your Office of Financial Aid.

Student Name _____

Nominating FA Officer _____ Office Phone # _____

Institution _____ Email _____

2017-2018 Budget:

Tuition _____
Fees _____
Room & Board _____
Books _____
Personal _____
Transportation _____

TOTAL \$ _____

2017-2018 Resources:

Federal Pell Grant _____
NJ State Grants _____
Other Financial Aid _____
Loans borrowed by student _____
Other _____

TOTAL \$ _____

Level of Indebtedness

Current 2017-2018

Federal Sub Stafford _____
Federal UnSub Stafford _____
Federal Perkins _____
Federal GRADPLUS _____
NJCLASS/Alternative _____

TOTAL \$ _____

Cumulative at Institution:

TOTAL \$ _____

Briefly, indicate if there is an extenuating circumstance the Committee should be aware of:

I recommend the above student as a candidate for the 2017-2018 NJASFAA Scholarship.

FAO Signature _____ Title _____

Print Name of FAO _____ Date _____