



Please limit explanation to these pages only.

Name: _____

County: _____

Have you or do you plan to file for FAFSA?

Yes

No

(Free Application for Federal Student Aid)

Are you your sole support and will not receive assistance from parent/guardian?

Yes

No

Determination of Unmet Need:

Costs per year:

Tuition and Fees	\$	_____
Room and Board	\$	_____
Miscellaneous Expenses	\$	_____
Books and Supplies	\$	_____
Meals	\$	_____
Other _____	\$	_____
Other _____	\$	_____

TOTAL ANNUAL COLLEGE COSTS

\$ _____

Contributions per year:

Expected Family Contribution	\$	_____
Expected Student Contribution	\$	_____

TOTAL ANNUAL CONTRIBUTION

\$ _____

Financial Aid Awarded (Grants, Loans, scholarships, etc.):

Bright Futures	\$	_____
PELL	\$	_____
SEOG	\$	_____
Stafford	\$	_____
State Aid	\$	_____
ROTC	\$	_____
Scholarship: _____	\$	_____
Scholarship: _____	\$	_____
Scholarship: _____	\$	_____

TOTAL AID AWARDED

\$ _____

UNMET NEED (subtract total annual contributions and aid from total costs) \$ _____

Other Financial Information:

Please discuss any special circumstances you want to have considered in this application.

I CERTIFY that this is a true and complete statement of the finances available for my studies. Florida 4-H reserves the right to require proof of the resources stated above, if necessary, to verify the financial need.

Applicant Signature

Date

Parent/Guardian Signature

Date