

**SIGMUND FOUNDATION
FINANCIAL INFORMATION SUMMARY**

2024-25

To the applicant: **Complete the top of this form, ONLY.** Do NOT fill out the financial information. Once you complete the upper portion of this form (Name, Address, Signature) , send it to the college or university you plan to attend. When it is returned to you, incorporate into your scholarship application packet.

Name of Student: _____

Student Address: _____ City: _____ Zip: _____

Signature: _____

To the Financial Aid Office: Please fill out the following information **and return the completed information to the requesting student.** Information for this coming academic year should reflect the aid package offered to the student.

Student Air Index (SAI) \$ _____

College Cost for this coming year \$ _____

Gift Aid

Amount Offered

College Gift Aid

Grants \$ _____

Scholarships \$ _____

Federal Grants/Pell & SEOG \$ _____

Michigan Competitive Scholarship or Grant \$ _____

Other Scholarships, Grants or Gifts \$ _____

Self-help Aid

Amount Offered

Federal Stafford Loan (subsidized only) \$ _____

Federal Perkins Loan \$ _____

Institutional Loan \$ _____

Federal Work-Study (FWS) \$ _____

Other \$ _____

Total Financial Aid Offered (for the upcoming academic year only) \$ _____

Unmet Need (for the upcoming academic year) - need minus aid \$ _____

Name of College/University: _____

Financial Aid Signature: _____

