

**BILLER/ NERKEN/BENIN FINANCIAL AID OFFICER ASSESSMENT FORM**  
**2010-2011 ACADEMIC YEAR**

**IMPORTANT: ALL DATA MUST BE BASED ON THE 2010-2011 FAFSA ONLY**

If the 2010-2011 FAFSA is not available, do not submit this form until the data is available. **The form must be properly filled out and signed by the financial aid officer** and sent directly to the Hebrew Free Loan Society, to be received no later than **JULY 9, 2010**. For any questions please call Rona Gottlib 212-687-0188 x 211 or email rgottlib@hfls.org \*Please note – All international students should submit this form as well.

Name of Applicant::	SSN:
School:	
TOTAL COST OF ATTENDANCE (COA), including tuition, fees, and all other items allowable in Federal Student Expense Budgets	\$
Tuition Only: If less than Full Time indicate per credit - cost and total for academic year.	\$
Fees Only:	\$
<b><u>EXPECTED FAMILY CONTRIBUTION (EFC):</u></b>	
Student:	\$
Spouse:	\$
Parents:	\$
NEED (COA - EFC):	\$
<b><u>PROJECTED FINANCIAL AID PACKAGE FOR 2010-2011:</u></b>	
TAP:	\$
PELL:	\$
Other Grants/Scholarships:	\$
	\$
Loans (itemize):	\$
	\$
Federal Work Study:	\$
SHORTFALL (Need - Financial Aid package):	\$
Is PLUS awarded to "meet need" and/or cover the expected parent contribution?	
Educational Debt To-Date (excluding 2010-2011 awards):	\$
Applicant's TOTAL Income for 2009:	\$
Spouse's TOTAL Income for 2009:	\$
Parents' TOTAL Income for 2009 (all students age 28 & under):	\$
Financial Aid Officer's Recommendation/Comments (optional)	
Financial Aid Officer Name - Title:	
Financial Aid Officer Signature:	Date:
Telephone Number (with extension):	Fax Number:

Mail to the Hebrew Free Loan Society, 675 Third Ave, Suite 1905, New York NY 10017, fax to 212-682-1120