

BILLER/JFEW/NERKEN/BENIN FINANCIAL AID OFFICER ASSESSMENT FORM
ACADEMIC YEAR 2009-10

IMPORTANT: ALL DATA MUST BE BASED ON THE 2009-2010 FAFSA ONLY

If the 2009-2010 FAFSA is not available, do not submit this form until the data is available. All items must be answered completely. The form must be properly signed and mailed or faxed directly by the financial aid office to the **Hebrew Free Loan Society**, to be received no later than **JULY 5, 2009**.

For any questions please call Rona Gottlib 212-687-0188 x 211

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:	\$
<u>EXPECTED FAMILY CONTRIBUTION (EFC):</u>	
Student:	\$
Spouse:	\$
Parents:	\$
NEED (COA - EFC):	\$
<u>PROJECTED FINANCIAL AID PACKAGE FOR 2009-10:</u>	
TAP:	\$
PELL:	\$
Other Grants/Scholarships:	\$
	\$
Loans (itemize):	\$
	\$
Federal Work Study:	\$
SHORTFALL:	\$
Is PLUS awarded to "meet need" and/or cover the expected parent contribution?	
Educational Debt To-Date (excluding 2009-10 awards):	\$
Applicant's TOTAL Income for 2008:	\$
Spouse's TOTAL Income for 2008:	\$
Parents' TOTAL Income for 2008 (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 or fax to 212-682-1120