

100 N. Ripley, Suite F • P.O. Box 495 • Alpena, MI 49707-0495 • Phone: 989-354-6881 Toll Free: 877-354-6881 • Fax: 989-356-3319 • www.cfnem.org

FINANCIAL INFORMATION RELEASE FORM

(Only necessary for the following CFNEM scholarships: First Federal of Northern Michigan, Stephen and Charon Fletcher Berkshire and Cornell, Howard G. and Harriett R. Kelm, Nethercut University of Michigan, Park Family University of Michigan and Richmond-Bingham Memorial.)

I authorize the release of the information requested below, and other information necessary, so I may be considered for scholarships based upon financial need.

Name of Stude	nt:				
Last		First	Middle	dle	
Address:					
Street		City	r/State	Zip	
Last four digits	of Social Securit	y Number:			
Student's Signature:			Date:		
Parent/Guardia	n Signature (For stu	dents under 18 years of age):			
THE P	he responsibility of particles	OW WILL BE COMI	PLETED BY THE	office of your chosen collete regarding all special circumstance FINANCIAL AID OFFICE lease complete the following	es.
		student's official awa			1
	ר	¥ •	dation for Northeast Suite F, P.O. Box 49 Michigan 49707		
 Does the ab ☐ Yes 		nt qualify for need-ba	sed financial aid as o	determined by your institution	ı?
Signature of Fi	nancial Aid Repre	esentative	Date		
Name of Institu	ıtion				

Thank you!

Note: Colleges may recommend a recipient based on the level of their financial support through grants, awards, work-study, estimated family contribution (EFC), student loans, and other information in the financial aid package.