



Crosby Scholars

For college. For life.

CROSBY SCHOLARS COMMUNITY PARTNERSHIP Last Dollar Grant Application

THIS APPLICATION MUST BE RECEIVED IN THE CROSBY SCHOLARS OFFICE BY

June 15

Name: _____

Complete Mailing Address: _____

Email Address: _____

College ID #, if known or S.S.N.: _____ - _____ - _____ Phone Number: _____

High School: _____ H.S. Graduation Year: _____

Intended Institution: _____

All scholars who want to be considered for last dollar grants must return this application by the deadline. The Crosby Scholars Program cannot review the application until copies of the following documents are submitted.

INFORMATION NEEDED

- 1.) Verification of your planned fall enrollment - i.e., fall pre-registration schedule, fall billing, etc.
- 2.) Your SAR - Student Aid Report received as a result of filing the FAFSA.
- 3.) Your award letter from your preferred institution informing you of the funds you will receive from them and any other agencies.
- 4.) Your spring grades indicating your current and cumulative grade point average.

****If you do not have these documents at this time, please REMEMBER to return this application by June 15 and provide the other documents as soon as you receive them.**

I give the financial aid office my permission to release my need analysis and award information to: The Crosby Scholars Community Partnership Program.

Signature: _____

Date: _____

White Copy - Crosby Scholars