# Financial Aid Release Form 2027-28

Kids' Chance of Maryland, Inc., 1750 K Street NW, Ste. 710, Washington D.C 20006 240-599-7767 finance@kidschancemd.org www.kidschancemd.org

## TO BE COMPLETED BY THE STUDENT

*Submitting this form does not guarantee that the student will receive funding.*

First name:_____Last name: _____Email:

Mailing address: _____City: _____State: ____Zip:

Student ID: _____ Phone No.: _____Last 4 digits of Social Security No.:

Do you plan to enroll full-time for the 2027-2028 academic year? ☐ Yes ☐ No

I plan to enroll in (Insert # of credits here) Fall 2027 credits and (Insert # of credits here) Spring 2028 credits.

Student signature release: _____ Date:

*I have applied Chance of Maryland scholarship for the 2027-28 academic year to help meet my post-secondary expenses. I authorize the Financial Chance of Maryland, Inc.*

## TO BE COMPLETED BY THE FINANCIAL AID OFFICE

*Please provide the requested financial aid information based on the student's reported enrollment plans above.*

School Name:

Campus Location:

Calendar System ☐ Semester Trimester Quarter

Current Fall 2027 Credits Enrolled: Current Spring 2028 Credits Enrolled:

Has student submitted a 2027-2028 FAFSA? ☐ Yes No

Student Aid Index (SAI)

(Formally Known as Federal Expected Family Contribution)

☐ ☐

Yearly Cost of Attendance*: $ _____ (*As defined by the U.S. Higher Education Act of 1965, to include tuition, fees, room, board, transportation, books, supplies, etc.)

2027-2028 Pell Grant Amount Offered: ☐ ☐

If Pell Grant not available, please indicate reason: ☐ SAI Too High

☐ Not Meeting SAP ☐ Other Does this student meet Satisfactory Academic Progress? Yes No

Total amount of Gift Aid/Grants/Scholarships offered (2027-2028) Yearly Total only, including Pell Grant amount):

Student's major: _____ Student's Cumulative GPA (not required if student is newly admitted): _____

Student's grade level (FR, SO, JR, SR): _____

Signature of Financial Aid representative: _____Date: _____

Print Name: _____ Direct Phone: _____

Email:

**Financial Aid Representative:** Please return this completed form to the student.
**Student:** Please use the Upload Supporting Documents tool in the Kids' Chance of Maryland Scholarship application portal to upload the completed document as a pdf.

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