Concord Hospital Trust Scholarship Fund

Student Aid Worksheet

Name:

Please provide the following information from your Student Aid Report (SAR), which summarizes what you submitted on your Free Application for Federal Student Aid (FAFSA). If you are married, include information about your spouse.

Expected Fami	ly Contribution	(FFC)	*
LAPCCICUTUTI	ly contribution		, ,

*If you did not file the FAFSA, explain why in this section. Otherwise, please provide your EFC.

Student's (and spouse's) 2022 Adjusted Gross Income: _____

Student's (and spouse's) Total of Cash, Savings, and Checking Accounts: ______

Student's (and spouse's) Net Worth of Current Investments: ______

Number of Immediate Family Members: ______

Number of Immediate Family Members in College in Fall 2024: _____

Are you living:

On campus Off campus Off campus at home

How much current student loan debt do you have?

None Under \$10,000 \$10,000 - \$20,000 \$20,001-\$30,000 Greater than \$30,000

How much will your family contribute toward your educational expenses for the upcoming year?

This section is fo	r dependent	students as	determined	by the	FAFSA.
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Parents' 2022 Adjusted Gross Income: _____

Parents' Total of Cash, Savings, and Checking Accounts: ______

Parents' Net Worth of Current Investments: _____

Parents' Net Worth of Businesses/Investment Farms: ______