

FOROUTAN FOUNDATION
18101 Von Karman Avenue, Suite 750
Irvine, CA 92612
(877) 968-6328

INSTRUCTIONS:

APPLICANT: Complete Section 1 first. Present this signed form and a copy of your scholarship award letter to the financial aid office of the college/university you are attending. **Please allow the financial aid office sufficient time to complete this form before May 15.**

COLLEGE/UNIVERSITY: Complete Section 2. The financial aid office will return this form to the Foroutan Foundation at the address shown above. No substitute forms, please. The complete name and address of the college/university (including the office to which scholarship payments should be mailed), must be provided. Please ensure that the information reported represents the entire academic year. Please mail by May 15, and if possible, scan and mail a copy to grants@foroutanfoundation.org.

CONSENT FOR RELEASE OF INFORMATION

Section 1: *To be completed by the applicant.* I, _____ (_____),
Print Applicant Name Student ID

do hereby consent to have information regarding my records in the financial aid office, at

_____, discussed and/or released to the Foroutan Foundation.
Print College/University Name

This consent includes the release of copies of any documents that have been submitted to the financial aid office and will remain in effect until I notify, in writing, the financial aid office otherwise.

Applicant Signature Date

VERIFICATION OF FINANCIAL NEED

Section 2: *To be completed by the college/university.*

AUTHORIZED EXPENSES 2015-2016 ACADEMIC YEAR		OTHER GRANTS, AWARDS & SCHOLARSHIPS 2015-2016 YEAR	
Tuition	\$ _____	Pell Grant	\$ _____
Personal	\$ _____	SEOG	\$ _____
Books & Supplies	\$ _____	Cal Grants	\$ _____
Room & Board	\$ _____	Other Grants	\$ _____
Transportation	\$ _____	Other Scholarships	\$ _____
Other Institutional Charges	\$ _____	TOTAL	\$ _____
TOTAL	\$ _____	Loans	\$ _____
		Parent Contribution	\$ _____

Complete Name of College/University (including office to which scholarship payment should be mailed)

Address of College/University: Street City State Zip

Print Name of Authorized Representative Title

Signature of Authorized Representative Date

Financial Aid Office – Please attach a business card with this form
If possible, please email a copy of the form to grants@foroutanfoundation.org
The deadline for all application materials to be received by the Foundation is May 15, 2015.