



EITW College Financial Information Request Form

I give my permission to

_____ (college or university)

_____ street

_____ city

_____ state

_____ zip

_____ Telephone No. (include area code)

_____ Financial Aid Department Email Address

to release the following information to the Groveport Madison *Education is the Way* Scholarship Foundation, a non-profit foundation that awards scholarships to students who have graduated from Groveport Madison Local School District.

_____ Printed Name of Student

_____ Signature of Student

_____ Signature of Parent (if under 18)

For Financial Aid Office Use Only

2023 – 2024 Academic Year

Total Cost of College (R&B, Fees, Books, etc.): \$ _____

List of all financial aid, by kind and amount:

Eligible Financial Aid	Yearly Amount	Accepted/Rejected/Pending
_____	\$ _____	___ ___ ___
_____	\$ _____	___ ___ ___
_____	\$ _____	___ ___ ___
_____	\$ _____	___ ___ ___
_____	\$ _____	___ ___ ___
_____	\$ _____	___ ___ ___

Financial Aid Officer _____ Date _____ Phone _____

COLLEGE FINANCIAL AID DEPARTMENT: Please forward this information to Kathy Weiser, Executive Director of *Education Is the Way* @ kweiser27@gmail.com or PO Box 452 Groveport, Ohio 43125 at your earliest convenience. Feel free to call 614-315-9425 with questions.