100 Club of Illinois
Educational Assistance
Financial Aid Form

This form is to be completed and verified through your school Financial Aid office.

Scholar Name:	ID #:

School	School Name:	○ Public ○ Private
	School Address:	

Financial Aid	Contact Name:	Title:
	Phone:	Email:
	Office Mailing Address:	

$$$	Expected Semester Tuition:	Expected Semester Fees:

Status	Scholar Status: ○ Full-time ○ Part-time	Academic Terms: Semesters Quarters
	Year of Study:	Expected Graduation:

	Name of Grant/Scholarship	**Amount of Award**
Other Funding		

The completion and verification of this form must be executed by a person associated with the school in an administrative capacity who can certify to the accuracy of the enrollment, status and funding information.

Attesting Person's Signature: Date:

Please return completed form to: Meg Krase
Email: mkrase@100clubIL.org
Mailing Address:
875 N. Michigan Ave. Suite 1351
Chicago, IL 60611