**Massachusetts Commission for the Blind**

**Information Exchange**

# **Please print or type throughout**

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| **PART A - MCB COMPLETE AND FORWARD TO APPROPRIATE FINANCIAL AID OFFICE** |
| **From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, MCB Counselor**  **Address:**  **Telephone: Fax:** |
| **Student Name: SSN:**  **Address:**  **plans to attend \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_from: \_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_ New Student \_\_\_ Undergraduate \_\_\_ Graduate \_\_\_ Continuing Ed \_\_\_ full-time \_\_\_ part-time** |
| **Student's Authorization for Exchange of Information**  **The undersigned hereby authorizes the exchange of information between the Massachusetts Commission for the Blind and the Financial Aid Office (FAO) of the above-named school regarding aid awarded to me, my financial status, and/or that of my family for the purpose of determining the combined amount of financial aid for which I may be eligible. I also understand that the Massachusetts Commission for the Blind and the Financial Aid Officer may discuss aspects of my case as they pertain to my particular situation and my application for financial aid.**  **Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­**  **Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  **(as appropriate)**  **MCB Counselor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** |

**PLEASE PRINT OR TYPE THROUGHOUT**

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| **PART B – FINANCIAL AID OFFICER complete and return to the MCB office after the Free Application for**  **Federal Student Aid (FAFSA) has been filed and action taken on this student's application for financial aid.** |
| **Has the student completed and submitted a Free Application for Federal Student Aid (FAFSA) for this school term? \_\_\_ Yes \_\_\_ No \_\_\_ Unknown** |
| **Is the student eligible for Financial Aid? \_\_\_ Yes \_\_\_ No If "No", please explain (attach documentation**  **if necessary) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **1. Institutional Budget 2. Expected Federal Family 3. Type Need-Based Aid Awarded**  **Contribution (EFC) Aid** |
| **Tuition $ Family Contribution $ Tuition Waiver\* $** |
| **Books Other Student Resource Access Grant** |
| **Fees TOTAL Federal Pell Grant** |
| **FSEOG** |
| **FWS** |
| **Personal Grants from college** |
| **Transportation Scholarships** |
| **Living Expenses State Scholarships** |
| **Other Stafford/Direct Loan** |
| **Perkins Loan** |
| **TOTAL $ Other (specify) $** |
| **UNMET NEED: Column #1 less Columns #2 and #3 equals Total Unmet Need: $** |
| **Remarks:** |
| **Financial Aid Officer Signature: Date: Phone:** |
| **College: \* Tuition Waiver based on MCB eligibility, not based on need** |

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| **PART C – VR Agency complete and return to Financial Aid Office (Keep a copy for your file)** |
| **Amount of unmet need to be covered by VR Agency $** |
| **Amount of, if any, student loan to be replaced by VR Agency** |
| **Amount of, if any, FWSP to be placed by VR Agency (only for students unable to work)** |
| **TOTAL VR AGENCY COMMITMENT $** |
| **Remarks:** |
| **Other circumstances of which the Financial Aid Office should be aware (please explain reason for replacement**  **of any work study or student loan:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
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| **VR Counselor Signature:**  **Date sent to FAO with Part C completed:** |

**PART A is completed by the MCB counselor and forwarded to the appropriate Financial Aid Office**

**PART B is completed by the Financial Aid Officer and returned to the initiating MCB Counselor**

**PART C is completed by the MCB Counselor and returned to the Financial Aid Office**