

PROVIDE THIS FORM TO COLLEGE/UNIVERSITY ATTENDING

COLLEGE RELEASE FORM
POWELL-WISE CHARITABLE SCHOLARSHIP FUND

Name of Student: _____ Signature of Student: _____
Social Security Number: _____ Student ID Number: _____
Home Address: _____ City/Town/Zip _____

Signature of a Parent (or spouse, if married): _____

By this College Release form, the above named student authorizes the Financial Aid Office to release his/her personal financial analysis information from the FAFSA or similar report to Manufacturers and Traders Trust Company to consider his/her eligibility for a scholarship from the Powell-Wise Charitable Scholarship Fund.

THIS COLLEGE RELEASE FORM MUST BE RETURNED TO MANUFACTURERS AND TRADERS TRUST COMPANY, EITHER BY FAX TO (716) 842-4699 OR BY MAIL TO:

Powell-Wise Charitable Scholarship Fund
c/o Manufacturers and Traders Trust Company
Attention: Jeff Ralabate
P. O. Box 1377
Buffalo, NY 14240-9828

IF THIS FORM IS NOT SUBMITTED, EITHER BY FAX OR MAIL BY JUNE 30, 2020, THE STUDENT WILL NOT BE ELIGIBLE FOR A SCHOLARSHIP AWARD.

PLEASE WAIT UNTIL THE FIGURES FOR 2020-2021 ARE AVAILABLE.
DO NOT USE LAST YEAR'S FIGURES.

Total cost of Tuition, Room, Board and any other school-related fees.....\$ _____
Family Contribution (from FAFSA)..... \$ _____
Total "Free" Grants/Scholarships..... \$ _____
Loans taken to date by the student.....\$ _____
Parental Adjusted Gross Income.....\$ _____ Student's Income \$ _____

Signature of school official supplying this information _____
Affix the school's name and address by use of a rubber stamp (or attach the school's letterhead):

Manufacturers and Traders Trust Company assumes no responsibility for the accuracy of the information supplied by the College.