

**THE GATES**  
**FOUNDATION**  
*Ross County Scholar's Fund*

**INFORMATION SHEET**

The student must complete and sign Part 1 of this form. Request your financial aid office to complete Part 2, and submit this form along with the other requested documents by April 30.

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**PART 1. (STUDENT)** Please complete Part 1 of this form and forward to the financial aid office at the college(s) and/or university(ies) to which you have applied/been accepted.

Name:

*Last*

*First*

*Middle*

Student identification number:

Institution:

I understand that I am responsible for ensuring that my financial aid office returns the completed application via email to [gatesscholars@ohio.edu](mailto:gatesscholars@ohio.edu), or via postal mail at The Ohio University Foundation c/o The Gates Foundation Ross County Scholar's Fund, PO Box 869, Athens, OH 45701. I authorize the education institution at which I am currently enrolled or have been enrolled to share all required and requested information with The Gates Foundation-Ross County Scholar's Fund.

*Student's signature*

*(Open document in system viewer to provide digital signature.)*

*Date*

**PART 2. (FINANCIAL AID OFFICE)** Please complete Part 2 of this form for the academic year for which you are applying. Return the completed form via email to [gatesscholars@ohio.edu](mailto:gatesscholars@ohio.edu), or via postal mail at The Ohio University Foundation c/o The Gates Foundation Ross County Scholar's Fund, PO Box 869, Athens, OH 45701 prior to the April 30 deadline.

Academic term of student's program:      Semester      Trimester      Quarter      Other:

Fall term start date:

Winter term start date:

Spring term start date:

**Cost of Attendance:** \$

DEMONSTRATED NEED = \$

(minus) SAI \$

**Financial Aid**

Pell Grant: (undergraduates): \$

Other scholarships/grants: \$

\$

\$

\$

Tuition waiver: \$

Fellowships: \$

Other (please specify)  
and do not include loans: \$

TOTAL FINANCIAL AID: \$

**Unmet Need**

Demonstrated need: \$

(minus) Total financial aid: \$

UNMET NEED \$

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**The Gates Foundation Notes:**

Telephone:

Fax:

Email:

Name of institution:

Name and title of financial aid advisor:

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*Signature of Financial Aid Advisor*

*(Open document in system viewer to provide digital signature.)*

*Date*

PLEASE MAIL TO: The Ohio University Foundation  
c/o The Gates Foundation Ross County Scholar's Fund  
PO Box 869, Athens, OH 45701

EMAIL TO: [gatesscholars@ohio.edu](mailto:gatesscholars@ohio.edu)

