



Roger W. Cooper Scholarship Financial Aid Worksheet

Please complete the worksheet below based on information from your Free Application for Federal Student Aid (FAFSA) and return it to the *Augusta Health Scholarship Subcommittee* by April 1, 2019.

Your application is not complete and will not be considered by the Scholarship Subcommittee without this information.

The following costs are based on full-time enrollment status for one academic year.

A	Cost of Attendance		\$
B	Anticipated aid from federal grant	\$	
C	Anticipated aid from state grants	\$	
D	Anticipated aid from college/institution	\$	
E	Anticipated aid from outside scholarships	\$	
F	Anticipated aid from loans	\$	
G	Total Anticipated Aid	\$	
H	Student Financial Responsibility	(A minus G)	\$

Please submit an official copy of your FAFSA along with this form.

Please list the academic year for which this information is based: _____

Comments (if any):

Signed: _____

Date: _____

Please mail or email completed worksheet to: Augusta Health Scholarship Subcommittee, Augusta Health Community Outreach Department, Attention: Emily Campbell, P. O. Box 1000, Fishersville, VA 22939; Phone: 540-332-4190; Email: ecampbell3@augustahealth.com

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