Sterling K. Welch, DO Scholarship
Student Financial Aid Assessment Form

To help the American Osteopathic Foundation determine the nominee's eligibility for the Sterling K. Welch, DO Scholarship, please provide information confirming your nominee's details for the current academic year. **This form must be completed and signed by a representative from the Financial Aid Office.**

Student Name:

COM/SOM:

Class Level: OMS-I ◯ OMS-II ◯ OMS-III ◯

Complete the following:

Total Cost of Attendance (COA): Including tuition, fees, and estimated living expenses.	**$**
Student Aid Index (SAI): Formerly known as EFC, as determined by the student's current FAFSA.	**$**
Total Financial Aid Awarded: The total of all grants and scholarships currently in the student's package.	**$**
Calculated Unmet Need: The remaining balance after all aid and SAI are subtracted from the COA.	**$**
Provide any additional notes regarding any **extenuating circumstances** or **socioeconomic indicators** that are not reflected above.	

I, _____ confirm the above student has unmet financial need, and recommend they be considered for the Sterling K. Welch, DO Scholarship. Please note that previous recipients of this scholarship, or the AOF Golden Ticket Scholarship are not eligible.

_____ _____
Signature Title

_____ _____
Telephone Email

Date: