



Student Financial Aid Profile

Student: A Financial Aid representative at your college or university must complete a portion of this document.

Once completed, please email it to **internships@countrymusichalloffame.org** by the application deadline:
Monday, November 3, 2025.

Student Name: _____ Student Email: _____

College/University: _____ Internship Semester: _____

Desired Internship: _____

TO BE COMPLETED BY COLLEGE/UNIVERSITY FINANCIAL AID OFFICE

Financial Aid Representative: Please base the following numbers on a single term of enrollment only. If aid for the current or upcoming term has not yet been determined, use the numbers from the most recent available term. **Return this form to the student or scan and email it to internships@countrymusichalloffame.org.**

1. Total grant dollars awarded to student (not including loans) for academic and housing needs. (Pell Grants, SEOG, institutional grants, etc.):

\$ _____

Is this student a Pell Grant recipient?

☐ Yes ☐ No

2. Estimated family contribution (please use federal methodology):

\$ _____

☐ Single Term EFC
☐ Academic Year EFC

Please check if appropriate: ☐ No FAFSA on record ☐ International student

Financial Aid Officer Signature: _____

Name (printed): _____ Title: _____

Email Address: _____