



**American Guild of Organists
Salisbury Scholarship**

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New York, New York 10115
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scholarships@agohq.org

FINANCIAL AID EVALUATION FORM FOR ACADEMIC YEAR 2026-2027

SECTION A: CONSENT FOR RELEASE OF INFORMATION (Completed by Student)

Please sign this consent statement and submit it to the financial aid officer of the school you plan to attend during the **2026-2027** academic year.

I hereby grant permission to _____
College/University

to furnish the American Guild of Organists the information requested in SECTION B below. In this connection I hereby waive my right of access to said information in accordance with the Family Educational Rights and Privacy Act of 1974.

Student's Name (print) _____

Student Signature _____ Date _____

SECTION B: COMPLETED BY A FINANCIAL AID OFFICER

The American Guild of Organists awards annual scholarships to individuals for study at accredited schools or colleges. Applicants are considered on the basis of scholastic ability, educational goals, and financial need. Funds are limited and competition for scholarships is keen.

The American Guild of Organists appreciates the role of the Financial Aid Officer and places emphasis on the information you supply. It is important that our applicants provide realistic estimates of the costs of attending your institution and resources available. We are grateful for your input and the estimates of the expenses you provide on the second page of this form for the academic year 2026-2027. **IF INFORMATION FOR THE 2026-2027 YEAR IS NOT AVAILABLE, PLEASE PROVIDE COMMENSURATE INFORMATION BASED ON THE CURRENT 2025-2026 ACADEMIC YEAR.**

If you have any other pertinent information regarding the financial aid policies of your school or of the student in question, we would be pleased to receive it.

**COMPLETE PAGE 2 AND PLEASE RETURN PROMPTLY TO:
scholarships@agohq.org**

SECTION B: (Continued) COMPLETED BY A FINANCIAL AID OFFICER

1. Has the student filed a Free Application for Federal Student Aid (FAFSA), a financial aid application with your school, a Profile Form with the College Scholarship Service, or any other acceptable needs analysis forms? _____ YES _____ NO

2. Based on your criteria/judgment have you determined that this student is:

- | | | | |
|----------------------------|-------|------------------------------|-------|
| a. financially dependent | _____ | d. married with dependent(s) | _____ |
| b. financially independent | _____ | e. single with dependent(s) | _____ |
| c. married | _____ | f. other (explain) | _____ |

3. Based on application materials submitted by this student, what have you determined the following contributions should be and what grants have been awarded for 2026-2027:

- | | |
|-------------------------------|----------|
| a. Parental Contribution | \$ _____ |
| b. Student Contribution | |
| From Term-Time Earnings | \$ _____ |
| From Summer Earnings | \$ _____ |
| From Loans | \$ _____ |
| From Student Savings | \$ _____ |
| c. Scholarships and/or grants | \$ _____ |

4. College/University ESTIMATE of expenses for 2026-2027. If not available, please use 2025-2026 figures.

- | | |
|---|-----------------|
| Tuition and Fees | \$ _____ |
| Room and Board | \$ _____ |
| Books and Supplies | \$ _____ |
| Personal Expenses | \$ _____ |
| Transportation | |
| a. Two round trips from home for student living on campus | \$ _____ |
| b. Daily travel for commuting student | \$ _____ |
| Other items included in your institution's financial aid budget | \$ _____ |
| TOTAL BUDGET | \$ _____ |

5. COMMENTS: (Please use reverse side, if necessary.)

College/University

Signature of Financial Aid Officer

Telephone Number

Typed or Printed Name of Financial Aid Officer