



The Louis
August Jonas
Foundation

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Rhinebeck, NY 12572

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Consent to access financial aid information

I the undersigned permit the Louis August Jonas Foundation, Inc. ("LAJF") and the George E. Jonas ("GEJ") Scholarship Committee to contact my financial aid office and discuss my financial aid package for the academic year 2022-2023. I have provided my social security number for their reference.

Applicant's Printed Name

Social Security Number

Applicant's Signature

Date

Your application will not be complete without this form. Please submit this using one of the following methods:

- **Scan and attach this completed form to your electronic application via upload (*preferred*)**
- **Scan and email this form to scholarship@lajf.org**