

BUILDING FOR THE FUTURE
Financial Need Form

I. TO BE COMPLETED BY THE STUDENT:

NAME _____ SOCIAL SECURITY NO. _____

HOME ADDRESS _____

CITY/STATE/ZIP _____ TRIBAL ENROLLMENT NO. _____

YEAR IN COLLEGE _____ MAJOR _____ MINOR _____ CREDIT HRS COMPLETED _____

Please note: All undergraduate students are required to complete and process the Free Application for Federal Student Aid (FAFSA) before eligibility for this scholarship can be determined. The appropriate college/university is then to complete Part II of this form based on the results of the FAFSA and forward to:

PONCA TRIBE OF NEBRASKA
ATTN: DEPARTMENT OF EDUCATION
1800 SYRACUSE AVENUE
NORFOLK, NE 68701
TELEPHONE: (402) 371-8834/FAX: (402) 371-7564
EMAIL: pate@poncatrIBE-ne.org or aknudsen@poncatrIBE-ne.org

I, hereby, grant permission for all information on this form to be submitted to the above addressee.

Signature of Student _____ Date _____

II. TO BE COMPLETED BY THE FINANCIAL AID OFFICER:

This student has applied for the Adam Way Scholarship. Verified financial need information is required by the Selection Committee before any action can be taken on this application. For the undergraduate student, please complete and forward this form or a like form to the above addressee. Thank you for your assistance.

Budget Period: From _____ to _____ which starts on _____
month/year month/year date

This student is considered: Independent _____ Dependent _____ Assessed Need \$ _____

Parental Contribution	_____	PELL Grant	_____	Tuition	_____
Student Contribution	_____	Work Study	_____	Books	_____
Spouse Contribution	_____	SEOG	_____	Fees	_____
VA Benefits	_____	Grant - State/Other	_____	Room	_____
Soc. Sec. Benefits	_____	Scholarship	_____	Board	_____
Welfare Benefits	_____	Direct Loan	_____	Travel	_____
Voc Rehab	_____	Unsub Loan	_____	Misc.	_____
Workforce Dev	_____	Waivers/Other	_____	Total	_____
Total	_____	Total	_____		

We recommend that the above, named student be awarded the following amount _____

Signature _____
Financial Aid Officer* Date Telephone Number

Name of College Address ZIP Code

*My signature verifies that the above, named student has been accepted by our college for the period indicated.

Type of terms implemented by your college/university: Semesters Quarters Trimesters Other: _____

Tuition and fee costs are based on: 12 credit hours per term 15 credit hours per term Other: _____