ADAM WAY
MEMORIAL SCHOLARSHIP
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: ADAM WAY SCHOLARSHIP PROGRAM
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_____ (month/year) to_____ (month/year) which starts on _____ (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: _____