



# FINANCIAL INFORMATION SUMMARY

*(For FAFSA Required Scholarships Only)*

| <i>PCCF Use Only</i> |       |
|----------------------|-------|
| Date Received:       | Code: |
|                      |       |

## SCHOLARSHIP APPLICANT (to be completed by the student)

Complete the information in this section and return to the Phelps County Community Foundation by February 15, 2019.

College/University: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**The signatures below authorize the Office of Financial Aid at my prospective college/university to provide the Phelps County Community Foundation the following:**

- \*eligibility information derived from my Free Application for Federal Student aid.
- \*information regarding how much and what type of financial aid is awarded to me.
- \*information regarding the cost to attend by prospective college/university.

Student Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Required if applicant is under 18 years old)*

**\*\*\*APPLICANT STOP HERE – RETURN FORM TO PCCF OFFICE\*\*\***

*PCCF will forward this information to the financial aid office of your chosen college*

## FINANCIAL AID OFFICE (to be completed by the college)

The above-named student has applied for a scholarship administered by the Phelps County Community Foundation. Please complete the information on this form and return directly to the address below. The Scholarship Committee wishes to thank you for your assistance and requests that this form be postmarked no later than April 15, 2019.

**Phelps County Community Foundation, Inc. • 424 Garfield Street • Holdrege, NE 68949 • (308) 995-6847**

**PLEASE ENTER THE RESULTS OF YOUR CALCULATIONS USING FEDERAL METHODOLOGY:**

*This financial aid package is based on:*     Estimated information, verification pending     Verified Information     No FAFSA has been received

**College Cost/Budget for 2019/2020**                    \$ \_\_\_\_\_

**Family Contribution**                                (-) \$ \_\_\_\_\_

**Other Known Scholarships/Grants**            (-) \$ \_\_\_\_\_

**Calculated Need for 2019/2020**  
 (Need = Cost – Parent – Student – Scholarships)    \$ \_\_\_\_\_

This student was evaluated as:     a dependent     an independent student

Does the student demonstrate financial need under the Federal Methodology?     Yes     No

If the student did not demonstrate need according to federal guidelines, do you believe there are circumstances that would warrant special consideration? Please explain:

\_\_\_\_\_

Signature of person who completed this form: \_\_\_\_\_

Typed/printed name and title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FAILURE OF COLLEGE TO RETURN THIS FORM BY APRIL 15th  
 WILL PRECLUDE THE STUDENT S APPLICATION FROM SCHOLARSHIP CONSIDERATION.**