

Student _____ Institution _____
Social Security No. _____

I, _____, authorize the Financial Aid Office of the above institution to release the necessary information to complete The John G. Williams Scholarship Foundation's Financial Need Form for academic year 20____-20_____.

THE JOHN G. WILLIAMS SCHOLARSHIP FOUNDATION - FINANCIAL NEED FORM

P. O. Box 1229, Camp Hill, PA 17001-1229; 717-795-9880, ext. 225; www.jgwfoundation.org

SUBMISSION DEADLINE – JUNE 1

ANNUAL COSTS:

Tuition	\$ _____
Room and Board	\$ _____
Miscellaneous Expenses (identify)	
Books and Supplies	\$ _____
Fees	\$ _____
Other _____	\$ _____
Other _____	\$ _____

TOTAL ANNUAL ACADEMIC EXPENSES: \$ _____ (1)

LESS FINANCIAL AID AWARDED:

Loans:

Federal (incl. Perkins, Stafford, PLUS, FFEL, Direct)	\$ _____
State	\$ _____
Institutional _____	\$ _____
Other _____	\$ _____

Need-Based Grants/Scholarships:

PELL Grant	\$ _____
Institutional _____	\$ _____
Other _____	\$ _____

Merit-Based Grants/Scholarships:

Institutional _____	\$ _____
Other _____	\$ _____

Work Study:

	\$ _____
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ROTC: \$ _____

Other: _____ \$ _____

TOTAL AID AWARDED: \$ _____ (2)

UNMET NEED BEFORE EFC (1-2=3) \$ _____ (3)

LESS EFC (EXPECTED FAMILY CONTRIBUTION) \$ _____ (4)

UNMET NEED AFTER EFC (3-4=5) \$ _____ (5)

FINANCIAL AID OFFICE

Date _____

By: _____

Name (please print): _____

Telephone: _____

Title: _____

NOTE: It shall be the Student's responsibility to ensure that this and all other required forms are received by the Foundation by the application deadline. Incomplete applications will not be reviewed, which will result in the Foundation being unable to grant financial assistance.