

Student _____

Institution _____

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 15

ANNUAL COSTS FOR ACADEMIC YEAR 20____-20____ (as published by Institution):

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

TOTAL EXPECTED ANNUAL ACADEMIC EXPENSES: \$ _____ (1)

LESS FINANCIAL AID AWARDED TO DATE:

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:

_____ \$ _____

ROTC: _____ \$ _____

Other: _____ \$ _____

TOTAL AID AWARDED: \$ _____ (2)

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

The undersigned declares under the penalties of perjury that the information contained in his/her application to The John G. Williams Scholarship Foundation (the "Foundation"), and this Financial Need Form, are true, complete and correct to the best of his/her knowledge and belief. The undersigned authorizes any school that he/she may attend to release to the Foundation any information requested by the Foundation relating to the education for which the Loan was granted (e.g., enrollment status, current address, course, grades) and to make any necessary inquiries as to any information I have included in my application.

Student's Signature _____

Dated _____