



**Pokagon Band of Potawatomi Indians
Department of Education**

**Vocational Scholarship
Unmet Needs Form**

Telephone: (269) 782-0887

Toll-free: 1-888-330-1234

Fax: 269.782.0985

PART I – Student Information

Student's Legal Name _____ Social Security Number _____

Street Address _____ Telephone Number _____

City, State, Zip _____ E-mail Address _____

Name of School/Training Center _____ School Website _____

Weeks of Instruction: ___ FALL 20___ # of weeks ___ ___ WINTER 20___ # of weeks ___ ___ SPRING 20___ # of weeks ___
 ___ SUMMER 20___ # of weeks _____

I give permission for release of financial information to the Pokagon Band Department of Education.

Student's Signature: _____ Date: _____

PART II – To be completed by your Financial Aid Officer

Education-Related EXPENSES	FALL 20__	WINTER 20__	SPRING 20__	SUMMER 20__	STUDENT'S RESOURCES	FALL 20__	WINTER 20__	SPRING 20__	SUMMER 20__
Tuition					Parent Contribution				
Fees					Student Contribution				
Books					Pell Grant				
Supplies					Other Grants				
Room & Board					Loans				
Transportation					Indian Tuition Waiver				
Misc. Expenses					College Scholarship				
Other:					Other Scholarships				
Other:					Other:				
TOTAL EXPENSES					TOTAL RESOURCES				

I certify that the financial need and the amounts of institution-administered financial aid offered the above student to be in compliance with current applicable rules and regulations governing federal, state, and this institution's financial aid policies. Student has filed all appropriate forms needed for Pell Grant.

Signature, Financial Officer: _____ Date: _____

Telephone Number: _____ Fax: _____

Address where scholarship check should be sent: _____

Please return this completed form to: Pokagon Department of Education, P.O. BOX 180, DOWAGIAC, MI 49047