



Financial Aid Verification (FAV) Form

Part I: Student Information

Full Name: _____ Tribal I.D.# _____

Address: _____ City _____ State/Zip _____

Telephone Number: _____ Email: _____

College/University: _____ Student I.D.#: _____

I intend to register and take the listed credit hours per term/semester:

Fall 2020: _____ Winter 2021: _____ Spring 2021: _____

Notice: Separate application is required for **Summer** Semester

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 institutions Financial Aid Officer

Education-Related Expenses	Fall 2020	Winter 2021 or Spring 2021	Student's Resources	Fall 2020	Winter 2021 or Spring 2021
Tuition			Pell Grant		
			Other Grant		
Fees (Health, Technology, Labs, Student Activities, etc.)			Indian Tuition Waiver		
			College Scholarship		
			Other Scholarships		
			Other		
Total Expenses			Total Resources		

Is third-party billing available? _____

I certify that the financial need and the amounts of institution-administered 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 including the FAFSA.

Signature, Financial Officer: _____ Date: _____

Printed Name, Financial Officer: _____

Financial Aid Office Mailing Address: _____

Telephone: _____ Fax: _____

Please return this form to the Pokagon Band Department of Education at DOE.HEAP@pokagonband-nsn.gov