



Pokagon Band of Potawatomi  
Department of Education

**Financial Aid Verification  
Form**

Telephone: (269) 782-0887 Toll-Free: 1-888-330-1234 Email: [DOE.HEAP@PokagonBand-nsn.gov](mailto:DOE.HEAP@PokagonBand-nsn.gov)

**PART I – Student Information**

---

Student's Legal Name \_\_\_\_\_ Student I.D. Number \_\_\_\_\_

---

Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

---

City, State, Zip \_\_\_\_\_ E-mail Address \_\_\_\_\_

---

Name of College or University \_\_\_\_\_

I intend to register and take the listed credits per term/semester:  
 FALL 2019: \_\_\_\_\_ (# of credits) WINTER/SPRING 2020: \_\_\_\_\_ (#of credits)  
 I give permission for release of financial information to the Pokagon Band Department of Education.

NOTICE: Separate application is required for **summer** semester

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART II – To be completed by your Financial Aid Officer**

Education-Related EXPENSES	FALL (Sept-Dec) 2019	SPRING OR WINTER (Jan-Apr) 2020	Student's RESOURCES	FALL (Sept-Dec) 2019	SPRING OR WINTER (Jan-Apr) 2020
Tuition			Parent Contribution		
Fees			Student Contribution		
Books			Pell Grant		
Supplies			Other Grants		
Room & Board			Loans		
Transportation			Indian Tuition Waiver		
Other: Please Specify			College Scholarship		
			Other Scholarships		
			Other		
<b>TOTAL EXPENSES</b>			<b>TOTAL RESOURCES</b>		

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 including the FAFSA.

Signature, Financial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Financial Aid Department Mailing Address: \_\_\_\_\_

**Please return this completed form to the above student**