

 Kymanox	Document:	Financial Need Verification Form	
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Kymanox's James J. Davis Memorial Scholarship for Students Studying Abroad

Scholarship Applicant

Name: _____
 Study Abroad Program: _____
 Program Dates: _____
 Applicant Signature: _____ Date: _____
By signing above you agree to share your financial aid information with Kymanox's James J. Davis Scholarship for Students Studying Abroad committee.

Financial Aid Administrator

Please complete the following regarding the financial aid status of the student listed above.

Please list this student's financial aid package for the current year 20____-20____:

Pell Grant: _____
 Perkins Loan: _____
 Federal Work Study: _____
 Subsidized Stafford Loan: _____
 Unsubsidized Stafford Loan: _____
 PLUS Loan: _____
 Alternative Loan: _____
 Other Aid: _____

Unmet Need: _____

Please indicate this student's Federal EFC: _____

Was this year's financial aid package changed due to a professional judgement decision or other unusual circumstances? Yes / No If yes, please explain the circumstances on the back of this page, indicating the original Federal EFC.

Will all the types of financial aid that the student received this year be available to him/her as he/she studies abroad? Yes / No If no, please explain the change on the back of this sheet.

Is there anything else about this student's financial/financial aid status that you wish to share with the scholarship committee? _____

Your Name: _____
 Your Title: _____
 Your E-mail address: _____
 Your phone number: _____

If you will not be handling this student's financial aid package for their study abroad, please indicate contact information for the person who will be processing that on the back of this page.

Signature _____ Date: _____
By signing above you acknowledge the accuracy of the information you have provided.

www.kymanox.com/scholarship

For questions regarding this form or the scholarship in general, please contact Kymanox's Scholarship Administrator at: scholarship@kymanox.com.

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