

**Statement of Unmet Financial Need**  
**ATTENTION OFFICE OF FINANCIAL AID**

This student is applying for a scholarship from the Gregg Williams Foundation, Inc. Please complete the information requested below for verification of the student's statement of unmet financial need, or attach an official letter from the Office of Financial Aid indicating the student's current budget, needs analysis, and financial aid awards, including scholarships.

Thank you,  
Gregg Williams Foundation, Inc.

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*To be completed by the Student:*

I authorize the above requested financial aid information to be released to the Gregg Williams Foundation, Inc. in connection with my application for a scholarship.

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*Student Signature*

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*Academic Institution*

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*Social Security Number*

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*Date*

**To be completed by Office of Financial Aid:**

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Academic Institution*

*Academic Year* \_\_\_\_\_

**Expected Amount of Financial Need:**

Tuition & Fees \$ \_\_\_\_\_

Room & Board \$ \_\_\_\_\_

Estimated Academic & Personal Expenses  
(Books, Tools, Supplies, Travel) \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Financial Aid:

Personal/Family Contribution Expected \$ \_\_\_\_\_

Scholarships \$ \_\_\_\_\_

Grants \$ \_\_\_\_\_

Loans \$ \_\_\_\_\_

Work Study \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**Total Amount of Expected Unmet Financial Need** \$ \_\_\_\_\_

Comments:

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

In case of questions, please contact:

Tray or Kelly Harkins

Telephone: 816-260-0637 or 816-820-8761

Date \_\_\_\_\_