



Verification of Financial Need

P.E.O. Chapter DG Bright Futures Scholarship

I _____ authorize _____
(full name) (name of university or college)

to release information regarding my financial need status.

(Date) (signature of applicant)

To be completed by college/university official.

I certify that _____ is eligible to receive financial aid
(name of student)

based on current information provided to _____
(name of college/university currently attending)

(college/university address)

Cost of attendance at college/university \$_____

Expected contribution by student or family \$_____

(date) (signature of college/university official)

(official college/university stamp)