



Verification of Financial Need

P.E.O. Chapter BD Arkansas River Valley Scholarship

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

to release information regarding my financial need status.

Date (mm/dd/yyyy): _____
(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)