Statement of Unmet Financial Need
ATTENTION OFFICE OF FINANCIAL AID

This student is applying for a scholarship from the American Welding Society through the AWS Foundation. 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. If this form is completed prior to FAFSA submission for the current year, information from last year may be used.

Thank You,
AWS Foundation, Inc.

__________________________
To be completed by Student:

I authorize the above requested financial aid information to be released to the AWS Foundation in connection with my application for a National Scholarship.

_________________________________  ___________________________
Student Signature                  Academic Institution

_________________________________  ___________________________
Student ID Number                  Date

(over)
To be completed by Office of Financial Aid:

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Academic Institution</th>
<th>Academic Year</th>
</tr>
</thead>
</table>

Expected amount of financial need:

<table>
<thead>
<tr>
<th>Tuition &amp; Fees</th>
<th>$ ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room &amp; Board</td>
<td>$ ____________________</td>
</tr>
</tbody>
</table>

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

**Total Education Expenses** $ ____________________

Financial Aid (Student must have filed for FAFSA):

<table>
<thead>
<tr>
<th>Expected Family Contribution (EFC) from FAFSA</th>
<th>$ ____________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scholarships</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Grants</td>
<td>$ ____________________</td>
</tr>
<tr>
<td>Other (Do not include loans offered)</td>
<td>$ ____________________</td>
</tr>
</tbody>
</table>

**Total Resources** $ ____________________

**Total Amount of Expected Unmet Need** $ ____________________
(Total Education Expenses minus Total Resources)

Comments
__________________________________________________________________________________________
__________________________________________________________________________________________

___________________________________ __________________________
Signature Title

___________________________________ __________________________
Print name Date

Telephone (_______)__________________ Email __________________________