The Ethel and Emery Fast Scholarship Foundation, Inc.  
12620 Rolling Road, Potomac, Maryland 20854

PURPOSE OF THE SCHOLARSHIP:
To provide financial assistance to qualified American Indians enrolled in an undergraduate or graduate program at a post secondary educational institution.

SPECIFIC REQUIREMENTS:
An applicant must (1) be an American Indian of a Federally recognized tribe, (2) have successfully completed one year of a post-secondary education at an accredited college or university, (3) be currently enrolled in same as a full-time student in good standing, and (4) demonstrate financial need.

APPLICATION MATERIALS:
To be considered for an award, all applicants must submit the following materials:
1. Application – completed, signed and dated;
2. Documentation of American Indian tribal eligibility (see application form);
3. Original transcript from an accredited college or university, showing all course work up to end of present term;
4. Parent/guardian/applicant copy of the official 1040 Federal Income Tax Return for the prior year – signed, or official statement of AFDC/ welfare benefits for the previous year;
5. Course verification form/class schedule for the applied semester (see application form);
6. Statement of financial need – completed, signed and dated by school financial aid officer (see application form)
7. Personal Statement – no more than two pages typed describing your current situation and your future aspirations in terms of your academic pursuits. Please also explain why you are applying to the Ethel and Emery Fast Scholarship Foundation and how the scholarship will assist you in attaining your goals.

All materials must be sent to the above address. If any information is missing, your application will be incomplete and therefore ineligible for consideration. It is the responsibility of the applicant to ensure that all materials are received by the Foundation by the deadline date. Registrar should send official transcript at the end of current term as grades become available along with course verification form for the applied term, these materials may be accepted after the deadline. All applications become the property of the Ethel and Emery Fast Scholarship Foundation, Inc. Applicants will be judged on the above criteria and notified by mail. Should an award be granted, the scholarship will be disbursed to the applicant’s college or university to be used to defray tuition, room, board, and educational fees.

Contact:
Carol Minami, Manager
Ethel & Emery Fast Scholarship Foundation, Inc.
12620 Rolling Road
Potomac, Maryland 20854
Phone: (301)762-1102
Fax: (301)279-0201
Email: qecarol@erols.com
APPLICATION FOR THE 20___ - 20___ ACADEMIC YEAR
( FALL / SPRING SEMESTER)
(CIRCLE ONE)

NAME __________________________ SSN _____ - _____ - ______
GENDER ________ M / F ________ AGE ________________
ADDRESS ________________________________________________
CITY __________________________ STATE _______ ZIP ________
PHONE (home) ______________________ PHONE (other) ________
E-MAIL __________________________ TRIBAL AFFILIATION ________
________________________________________ (send documentation)
UNIVERSITY ATTENDING ___________________________________
UNIVERSITY PHONE _________________________________________
FINANCIAL AID ADDRESS ____________________________________
CITY __________________________ STATE _______ ZIP ________
MAJOR __________________________ GPA _______ YEAR FR / SO / JR / SR
GRAD ________

I certify that the information given in this application is accurate and complete to the best of my knowledge. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application; or if awarded any funding, that I am liable for repayment of all awarded funds, and further, that any false statement herein may be punished as a felony under U.S. Code, Title 18, Section 1001.

APPLICANT'S SIGNATURE __________________________ DATE ________

Application Deadlines
August 15th for the fall semester and January 15th for the spring semester
(Scholarships are awarded in mid-January and mid-September ONLY)

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Course Curriculum Enrollment/Verification Form

Student's Name: ___________________________  SSN: ___-___-______  DOB: ______

Address: ______________________________________________________________________

City: ___________________________  State: ______  Zip: ______

Course of Study/Major: __________________________________________________________________________

This section MUST be completed and signed by the registrar or your advisor at your college/university.

The above named student is applying to the Ethel and Emery Fast Scholarship Foundation for funding. In order for this student's application to be complete, verification of enrollment from your office is necessary. Your assistance in completing this form would be greatly appreciated.

This verifies that the above named student has been accepted for admission and/or is currently enrolled at ___________________________

(Name of college or university)

He/she has successfully completed one year of a post-secondary education?  YES  NO

He/she is currently enrolled as a FULL-TIME student?  YES  NO

He/she is pursuing an ... UNDERGRADUATE or GRADUATE degree in the field of ___________________________

His/her expected date of graduation is ____________________________

The following is an outline of this student's course work for the ______ term 20______

(fall or spring)

He/she is taking ____________ credit hours.

This college/university is on SEMESTER / TRIMESTER / QUARTER system.

(circle one please)

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Number/Instructor</th>
<th>Credit Hours</th>
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<tbody>
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Registrar's or Advisor's Signature: ___________________________  Date: ____________

Title: ___________________________  Contact:

Carol Minami, Manager
Ethel & Emery Fast Scholarship Foundation, Inc.
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Potomac, Maryland 20854
Phone: (301)762-1102
Fax: (301)797-0201
Email: qccarol@erols.com
The Ethel and Emery Fast Scholarship Foundation, Inc.  
12620 Rolling Road, Potomac, Maryland 20854

Statement of Financial Need

Student's Name: ___________________ SSN: _____-____-____ DOB: _____

Address: __________________________

City: ___________________ State: _____ Zip: __________

Phone: ___________________ Email Address: _______________________

Type of Degree/Certificate: ___________________ Year in School: __________

Marital Status: S M W D # of Dependents: _______________________

<table>
<thead>
<tr>
<th>Name of Dependent</th>
<th>Dependents DOB</th>
<th>Relationship to Applicant</th>
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Applicant's Income for previous year: $ __________________

Spouse's Income for previous year: $ __________________

Please attach Federal Income Tax Return or statement of AFDC/welfare benefits.

If you are considered to be a dependent or someone else can claim you on their Tax Return, please fill out the following portion. If not, please proceed to page 2 of the Statement of Financial Need.

Name of person/persons whom may claim you as a dependent: ______________________

Marital Status of person(s) whom may claim you as a dependent: ______________________

Other dependents of person(s) whom may claim you as a dependent: ______________________

(Please provide name, DOB, and relationship)

Income of person(s) whom may claim you as a dependent: ______________________

Please attach Federal Income Tax Return or statement of AFDC/welfare benefits for the above mentioned person(s).

Name of college/university attending: ______________________

Address of Financial Aid Office: ______________________

City: ___________________ State: _____ Zip: __________

Do you live on or off campus? ______________________

If off campus, how many miles do you travel to and from school R/T? ______________________

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**Statement of Financial Need (page 2)**

Name of Student: ______________________ SSN: ______________________

The section below is to be filled out by the financial aid officer at your college or university.

The above mentioned student is applying to the Ethel and Emery Fast Scholarship Foundation for scholarship funding. Verification from your financial aid office is necessary in order for this application to be complete and action to be taken. Your assistance in filling out the below portion of this form would be greatly appreciated.

Please indicate the expenses to be incurred per SEMESTER as well as the resources available to the student. If the student has applied for funding elsewhere but has not yet received it, please indicate so by writing the amounts in parentheses.

Student’s year in school: ______________________ Major: ______________________

Is this student considered to be independent or dependent? ______________________

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<tr>
<th>EXPENSES</th>
<th>Fall Semester</th>
<th>Spring Semester</th>
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<tbody>
<tr>
<td>Tuition/Fees</td>
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<td>Room &amp; Board</td>
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<td>Books and Supplies</td>
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<td>Transportation</td>
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<tr>
<td>Other (please specify)</td>
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<td>TOTAL EXPENSES</td>
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<tr>
<th>RESOURCES</th>
<th>Fall Semester</th>
<th>Spring Semester</th>
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<tr>
<td>Student Contribution</td>
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<td>Parent Contribution</td>
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<td>Spousal Contribution</td>
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<td>Veteran’s Benefits</td>
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<td>Tuition Waiver</td>
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<td>Voc Rehab</td>
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<tr>
<td>State Grant</td>
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</tbody>
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Contact:
Carol Misani, Manager
Ethel & Emery Fast Scholarship Foundation, Inc.
12620 Rolling Road
Potomac, Maryland 20854
Phone: (301)762-1102
e-mail: Ethel.Emery@fastscholarship.org
The Ethel and Emery Fast Scholarship Foundation, Inc.
12620 Rolling Road, Potomac, Maryland 20854

Statement of Financial Need (page 3)

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th>SSN:</th>
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<th>RESOURCES (CONT)</th>
<th>Fall Semester</th>
<th>Spring Semester</th>
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<td>Other</td>
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| TOTAL RESOURCES  |               |                 |
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| UNMET NEED       |               |                 |
|                 |               |                 |

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<th>Signature of Financial Aid Officer</th>
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<tr>
<th>Name of College/University</th>
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<tr>
<th>Address of Financial Aid Office</th>
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Contact:
Carol Minami, Manager
Ethel & Emery Fast Scholarship Foundation, Inc.
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Phone: (301) 762-1162
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Name of Student: ___________________________ SSN: ___________________________

PERSONAL STATEMENT:

Contact:
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Fax: (301)279-0201