

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

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**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: qccarol@erols.com

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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 15<sup>th</sup> for the fall semester and January 15<sup>th</sup> 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)

Course Title	Course Number/Instructor	Credit Hours

Registrar's or Advisor's Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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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: \_\_\_\_\_

Name of Dependent	Dependents DOB	Relationship to Applicant

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 else where 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? \_\_\_\_\_

<u>EXPENSES</u>	<u>Fall Semester</u>	<u>Spring Semester</u>
Tuition/Fees	_____	_____
Room & Board	_____	_____
Books and Supplies	_____	_____
Transportation	_____	_____
Personal	_____	_____
Other (please specify)	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL EXPENSES</b>	_____	_____

<u>RESOURCES</u>	<u>Fall Semester</u>	<u>Spring Semester</u>
Student Contribution	_____	_____
Parent Contribution	_____	_____
Spousal Contribution	_____	_____
Veteran's Benefits	_____	_____
Social Security	_____	_____
AFDC	_____	_____
Tribal; Assistance	_____	_____
Tuition Waiver	_____	_____
Voc Rehab	_____	_____
State Grant	_____	_____

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Statement of Financial Need (page 3)

Name of Student: \_\_\_\_\_ SSN: \_\_\_\_\_

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<u>RESOURCES (CONT)</u>	<u>Fall Semester</u>	<u>Spring Semester</u>
PELL	_____	_____
SEOG	_____	_____
SSIG	_____	_____
CWS	_____	_____
NDSL	_____	_____
GSL	_____	_____
Scholarships	_____	_____
Other	_____	_____
	_____	_____
<b>TOTAL RESOURCES</b>	_____	_____
<b>UNMET NEED</b>	_____	_____

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Signature of Financial Aid Officer \_\_\_\_\_ Date \_\_\_\_\_

Name of College/University \_\_\_\_\_

Address of Financial Aid Office \_\_\_\_\_

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Name of Student: \_\_\_\_\_ SSN: \_\_\_\_\_

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**PERSONAL STATEMENT:**

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