

## Adam Way Memorial Scholarship

Tribal Council approved: 10-12-2021

### **About the Adam Way Memorial Scholarship**

The Adam C. Way Memorial Scholarship was established in 2021 by Susan and Gary Way in honor of their son, Adam Crary Way. Adam was passionate about sustainable, organic farming and was a man with great compassion for people. Susan and Gary were inspired in their meetings with the Ponca Tribe of Nebraska in the Tribe's push towards food sovereignty. Seeing that connection, Susan and Gary felt compelled to create a scholarship for Ponca tribal members to utilize.

The purpose of this scholarship is to promote education and self-sufficiency for members of the Ponca Tribe of Nebraska to strengthen and reinforce tribal sovereignty in all aspects.

### **Award**

The scholarship will be awarded annually over the course of 10 years. The initial amount will be \$1,000. If applicants are seeking further educational opportunities that amounts to less than that amount, an additional scholarship may be awarded so that the total of both do not exceed \$1,000.

The scholarship money will be paid to the Tribe who will disburse directly to the institution in question. In the event that the individual does not complete his/her educational course or completes it with less than a C average, as determined by a submitted transcript, he/she will be expected to reimburse the scholarship fund. Failure to do this will cause the individual to be in bad standing with the Tribe until the funds are reimbursed.

### **Eligibility**

The Adam Way Memorial Scholarship is available to all enrolled Ponca Tribe of Nebraska members, ages 18-45, currently residing in Nebraska, seeking to further his/her educational opportunities. These opportunities may range from seeking Associate, Bachelor, or Advanced degrees to other types of educational or trade certificates whose eligibility is determined by the Scholarship Selection Committee.

### **Application**

To apply for this scholarship, all prospective applicants are asked to supply the following:

- Proof of enrollment with the Ponca Tribe of Nebraska
- An essay explaining how the educational opportunity will be used to help the Tribe
- Three written character reference(**Respondents need to be NON-FAMILY MEMBERS**)
- A completed financial need form
- The Selection Committee may request an in-person or electronic interview.
- There is no cost to apply for this scholarship

**The application deadline is midnight, June 15<sup>th</sup>.** The awardee will be notified by August 1<sup>st</sup> of his/her acceptance.

### **Selection**

The awardee will be selected at the sole discretion of the Scholarship Selection Committee. The selection committee will be made up of representatives of the Way family, and the Education Director and Culture Director for the Ponca Tribe of Nebraska. If an applicant is related to one of the above committee members, another tribal member shall be chosen by the committee.

# ADAM WAY MEMORIAL SCHOLARSHIP APPLICATION

## STUDENT INFORMATION

Name:

Address:

City:

State:

ZIP Code:

Phone:

Cell Phone:

Email Address:

Date of Birth:

SS#:

Tribal ID#:

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Name of college you plan to attend:

Program of Study:

Cost of Program:

Cost for which the scholarship will be used:

## PLEASE INCLUDE THE FOLLOWING ATTACHMENTS

Proof of enrollment in the Ponca Tribe of Nebraska

Essay explaining how the Tribe will benefit if you receive this scholarship

Three character references

A completed Financial Need Form

Signed contract

A final grade report (If a recent high school graduate)

## SIGNATURE

Signature:

Date:

**ADAM WAY  
MEMORIAL SCHOLARSHIP**

Contract of Understanding

I, \_\_\_\_\_, will use the Adam Way Scholarship to assist

(Please Print Full Name)

me with my career development. I also understand that I am to maintain satisfactory progress with a "C" or better and will provide the Selection Board with a transcript after completion of each term for which the scholarship is being used. If I do not maintain satisfactory progress, I will reimburse the funds that I received.

\_\_\_\_\_  
Scholarship Recipient

\_\_\_\_\_  
Date

**ADAM WAY  
MEMORIAL SCHOLARSHIP  
FINANCIAL NEED FORM**

**I. TO BE COMPLETED BY THE STUDENT:**

NAME \_\_\_\_\_ STUDENT SCHOOL ID # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ TRIBAL ENROLLMENT NO. \_\_\_\_\_

YEAR IN COLLEGE \_\_\_\_\_ MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_ CREDIT HRS COMPLETED \_\_\_\_\_

**Please note:** All undergraduate students are required to complete and process the Free Application for Federal Student Aid (FAFSA) before eligibility for this scholarship can be determined. The appropriate college/university is then to complete Part II of this form based on the results of the FAFSA and forward to:

**PONCA TRIBE OF NEBRASKA  
ATTN: ADAM WAY SCHOLARSHIP PROGRAM  
1800 SYRACUSE AVENUE  
NORFOLK, NE 68701  
TELEPHONE: (402) 371-8834/FAX: (402) 371-7564  
EMAIL: [pate@poncatribe-ne.gov](mailto:pate@poncatribe-ne.gov) or [aknudsen@poncatribe-ne.gov](mailto:aknudsen@poncatribe-ne.gov)**

I, hereby, grant permission for all information on this form to be submitted to the above addressee.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

**II. TO BE COMPLETED BY THE FINANCIAL AID OFFICER:**

This student has applied for the Adam Way Scholarship. Verified financial need information is required by the Selection Committee before any action can be taken on this application. For the undergraduate student, please complete and forward this form or a like form to the above addressee. Thank you for your assistance.

Budget Period: From \_\_\_\_\_ to \_\_\_\_\_ which starts on \_\_\_\_\_  
month/year month/year date

This student is considered: Independent \_\_\_ Dependent \_\_\_ Assessed Need . . . . . \$ \_\_\_\_\_

Parental Contribution	_____	PELL Grant	_____	Tuition	_____
Student Contribution	_____	Work Study	_____	Books	_____
Spouse Contribution	_____	SEOG	_____	Fees	_____
VA Benefits	_____	Grant - State/Other	_____	Room	_____
Soc. Sec. Benefits	_____	Scholarship	_____	Board	_____
Welfare Benefits	_____	Direct Loan	_____	Travel	_____
Voc Rehab	_____	Unsub Loan	_____	Misc.	_____
Workforce Dev	_____	Waivers/Other	_____	Total	_____
Total	_____	Total	_____		

We recommend that the above, named student be awarded the following amount . . . . . \_\_\_\_\_

Signature \_\_\_\_\_

Financial Aid Officer\*

Date

Telephone Number

Name of College

Address

ZIP Code

\*My signature verifies that the above, named student has been accepted by our college for the period indicated.

Type of terms implemented by your college/university: Semesters \_\_\_\_\_ Quarters \_\_\_\_\_ Trimesters \_\_\_\_\_ Other: \_\_\_\_\_

Tuition and fee costs are based on: 12 credit hours per term 15 credit hours per term Other: \_\_\_\_\_