North Omaha
COMMUNITY CARE COUNCIL

NOCCC SCHOLARSHIP PROGRAM

Directions: This page must be completed by the financial aid officer at your respective university.

$_____
TOTAL FINANCIAL AID AWARD AMOUNT

$_____
REMAINING TUITION BALANCE (AFTER FINANCIAL AID APPLIED)

$_____
ESTIMATED COST FOR BOOKS/SUPPLIES FOR THE 2026-2027 ACADEMIC YEAR

$_____
COST OF ATTENDANCE FOR THE 2026-2027 ACADEMIC YEAR

$_____
EXPECTED FAMILY CONTRIBUTION (EFC)

_____
FORM COMPLETED BY (PRINT)

_____ _____
FORM COMPLETED BY (SIGNATURE) **DATE**

_____
TITLE/DEPARTMENT

_____ _____
EMAIL **PHONE (INCLUDE AREA CODE)**

Please complete this NOCCC Financial Need Form, provide a copy of current enrollment/registration, and return scanned copies via email or by postal mail to:

NORTH OMAHA COMMUNITY CARE COUNCIL
P.O. BOX 31341, OMAHA, NE 68132
EMAIL: MAIL@NORTHOMAHACCC.ORG