



AMERICAN INDIAN SERVICES

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FINANCIAL NEED ANALYSIS (FNA)

***This first section needs to be filled out by the STUDENT.**

TERM APPLYING FOR (select only one): ☐ Fall ☐ Spring/Winter ACADEMIC YEAR _____ - _____

STUDENT'S FULL NAME: _____ PHONE #: _____

EMAIL: _____ STUDENT ID or LAST 4 of SS: ***-**-_____

By signing below, I hereby authorize the financial aid or other appropriate office of my institution to release information regarding my student education records, including financial aid information from my FAFSA record to the organization listed above.

SIGNATURE: _____ DATE: _____

***This bottom section to be completed by Institution: FINANCIAL AID, BURSAR, etc.**

COST OF ATTENDANCE: \$ _____ **RESOURCES*:** \$ _____

COA reflects 1 2 3 4 terms (please circle one)

*Not including SAI/EFC

RECOMMENDED NEED: \$ _____ (Cost of Attendance minus Resources)

Recommended need will cover expenses for the period: _____ To _____
(Month/Year) (Month/Year)

Our school goes by: ☐ Semester ☐ Tri-Semester ☐ Quarter ☐ Other _____

Form filled out by: _____
NAME OF INSTITUTION

PRINT NAME SIGNATURE TITLE

PHONE EMAIL DATE