



AMERICAN INDIAN SERVICES

scholarships for Native Americans

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(801) 998-8497 fax

scholarship@americanindiainservices.org

FINANCIAL NEED ANALYSIS (FNA)

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

TERM(S) APPLYING FOR (CHECK ONLY ONE):

- Academic Year 20___/20___ Terms covered: Fa/Sp Fa/Sp/Su Fa/W Fa/W/Sp Fa/W/Sp/Su
- Spring Qtr 20___ only Summer 20___ only Fall 20___ only Spring (Winter Qtr) 20___ only

STUDENT'S FULL NAME: _____

PHONE #: _____ EMAIL: _____ SSN #: ***-**-_____

By signing below, I hereby authorize the financial aid 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 Financial Aid.*

EXPENSES:

Tuition/Fees \$ _____

Room/Board \$ _____

Books/Supplies \$ _____

Transportation \$ _____

Other \$ _____

RESOURCES (optional):

EFC \$ _____

Pell Grant \$ _____

Other Grants \$ _____

Scholarships \$ _____

Tuition Waiver \$ _____

TOTAL EXPENSES: \$ _____

TOTAL RESOURCES: \$ _____

RECOMMENDED NEED:

\$

(Expenses minus Resources)

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

Form filled out by: _____
Institution Name

Printed Name

Financial Aid Officer Signature

Date

Phone

Email

