



AMERICAN INDIAN SERVICES

scholarships for Native Americans

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FINANCIAL NEEDS ANALYSIS (FNA)

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

TERM APPLYING FOR: Winter Spring Summer Fall (check only one) **YEAR: 20** _____

Semester / Quarter (circle one) **# of credits taking for the above term:** _____

STUDENT'S FULL NAME: _____

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

I hereby authorize and allow the financial aid office to release information regarding my student education records including financial aid information from my FAFSA record to the agency listed above.

SIGNATURE: _____ **DATE:** _____

This section to be completed by **FINANCIAL AID**. Please send a copy to the contact information above.

EXPENSES:

Tuition \$ _____

Fees \$ _____

Room/Board \$ _____

Books/Supplies \$ _____

Transportation \$ _____

Other \$ _____

RESOURCES (optional):

EFC: \$ _____

Pell Grant \$ _____

Other Grants \$ _____

Scholarships \$ _____

Tuition Waiver \$ _____

Other \$ _____

TOTAL EXPENSES: \$ _____

TOTAL RESOURCES: \$ _____

RECOMMENDED NEED: \$ _____ (Expenses minus Resources)

Check here if the above information is an **ESTIMATE**

Scholarship Request will cover expenses for the period:

_____ To _____
Month Year Month Year

**For the semester/quarter selected above and not the academic year.*

Name of College, University or Technical School

Date

Form filled out by: _____
Printed Name

Signature

Phone

Email