

PUEBLO OF JEMEZ SCHOLARSHIP PROGRAM

FINANCIAL NEEDS ANALYSIS

STUDENT: Complete Section One and submit to the financial aid office at your college or university at least one month before the scholarship deadline.

All students are required to apply for all forms of financial aid at your college or university in addition to the Pueblo of Jemez Scholarship Program.

SECTION ONE

Name _____ Tribal Census No. _____
Address _____
City _____ State _____ Zip _____
Student ID _____ Marital Status _____ No. of Dependents _____
College/University _____ Major(s) _____
School Year: 20__-20__ Check One: () 1st year () 2nd year () 3rd year () 4th year () Other _____

SECTION TWO

Financial Aid requested will cover expenses from one of the following periods: August/September to December or January to May/June

Enrollment Status: Full-time _____ $\frac{3}{4}$ -time _____ $\frac{1}{2}$ -time _____ $<\frac{1}{2}$ -time _____
Month/Year _____ Month/Year _____

School Calendar: Semesters _____ Quarters _____ Trimesters _____

Has the student filed his/her FAFSA? Yes No

Is the student eligible for federal funding? Yes No

Expenses

Tuition/Fees \$ _____
Room/Board \$ _____
Books/Supplies \$ _____
Transportation \$ _____

Resources

Pell \$ _____
SEOG \$ _____
CWS \$ _____
NDLS \$ _____
SSIG \$ _____
NM Lottery \$ _____
Veterans Benefits \$ _____
Personal/Summer \$ _____
Parent Contribution (EFC) \$ _____
Instit./Dept. Scholarships \$ _____
Private Scholarships \$ _____
Other \$ _____

TOTAL EXPENSES \$ _____

TOTAL RESOURCES \$ _____

RECOMMENDED AMOUNT FROM THE PUEBLO OF JEMEZ SCHOLARSHIP \$ _____

Student is making satisfactory academic progress: YES NO If no, please comment:

I hereby certify that the above individual has applied for and been considered for both Federal and Campus based financial aid.

Financial Aid Officer/Phone No.

Institution Name

Date

Department of Education

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