**HIGHER EDUCATION PROGRAM**

**PUEBLO DE COCHITI**

**255 Cochiti Street, Cochiti Pueblo, NM 87072**

**Director: (505) 699.3852**

**Turn into you Financial Aid Office**

**Financial Needs Analysis**

## **SEction TO BE COMPLETED BY STUDENT**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Student Name*** |  | ***College / University*** |  |
| *Student ID #* |  | *Point of Contact* |  |
| *Address* |  | *Address* |  |
| *City / State / Zip* |  | *City / State / Zip* |  |
| *Phone* |  | *Phone* |  |
| *Email* |  | *Fax* |  |

***Requesting for Award Year*:**  **[ ]  Fall 202** **[ ]  Spring 202**      [ ]  **Summer 202**

**CONSENT FOR RELEASE OF INFORMATION:**

*I understand that this form can only be completed and forwarded to the PdC Higher Education Program after my financial aid file has been completed and packaged. I authorize the release of financial aid information from the agency indicated above.*

**Student Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  **Section below TO BE COMPLETED BY FINANCIAL AID / SCHOLARSHIP SERVICES**

***Expenses & Resources for* [ ]  Fall 202**  **[ ]  Spring 202**      [ ]  **Summer 202**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Expenses** |  |  |  | **Resources** |  |  |  |
|  | Fall | Spring | Summer |  | Fall | Spring | Summer |
| Tuition / Fees | $      | $      | $      | Pell Grant | $      | $      | $      |
| Books | $      | $      | $      | SEOG / SSIG | $      | $      | $      |
| Room & Board | $      | $      | $      | Work Study | $      | $      | $      |
| Transportation | $      | $      | $      | School Scholarship | $      | $      | $      |
| Personal | $      | $      | $      | Loans SUB | $      | $      | $      |
| ***TOTAL*** | $      | $      | $      | Loans UNSUB | $      | $      | $      |
|  |  | Other | $      | $      | $      |
| ***UNMENT NEED (Total Expenses per term minus Total Resources and EFC by term)*** | **Total** | $      | $      | $      |
| **Totals** | **$** | **$** | **$** |  |  |  |  |
|  | **FALL** | **SPRING** | **SUMMER** |  |  |  |  |
| Budget Group | [ ] Independent [ ] Dependent [ ] With [ ] Without Rental Expenses | Student Aid Index (SAI) $     \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *Meeting Satisfactory Academic Progress:*  | Current Enrollment |  |
| [ ] Yes [ ] No [ ] MTF (see comments) | Term [ ]  Fall [ ] Spring [ ] Summer Credits      |

*Comments*:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prepared by      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preparer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_