**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      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_