



### Financial Need Analysis (FNA)

STUDENT TO COMPLETE

Student Name: \_\_\_\_\_ Academic Year: \_\_\_\_\_

Institution Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Program of Study (major): \_\_\_\_\_ Degree Type: \_\_\_\_\_

ACADEMIC Funding Term(s): FALL 20 \_\_\_\_\_ WINTER 20 \_\_\_\_\_ SPRING 20 \_\_\_\_\_ SUMMER 20 \_\_\_\_\_

VOCATIONAL Funding Term(s): START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

I hereby authorize and allow the financial aid office to release my financial and any other relevant information to the SRPMIC Higher Education Program. I have been advised to complete the FAFSA and the school's FERPA form for release of information.

\_\_\_\_\_  
Signature Date

The Financial Aid Office shall do the following:

- 1. Complete each line as it applies to the student (estimates are not acceptable).
2. Mail, fax, or email completed form (contact information located at the bottom of the form).

Enrollment Status (select one):

Undergraduate \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Enrolled Credits Classman Status: \_\_\_\_\_

Graduate \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Enrolled Credits Classman Status: \_\_\_\_\_

Dependency Status (select one): \_\_\_ Dependent \_\_\_ Independent

Cost of Attendance (COA)

Financial Aid (accepted)

Other Resources (accepted)

Tuition \$ \_\_\_\_\_ Pell Grant \$ \_\_\_\_\_ Family Contribution (EFC) \$ \_\_\_\_\_

Fees \$ \_\_\_\_\_ SEOG \$ \_\_\_\_\_ Tribal Scholarship (SRPMIC) \$ \_\_\_\_\_

Room/Board \$ \_\_\_\_\_ Work-Study \$ \_\_\_\_\_ Institution Scholarships \$ \_\_\_\_\_

Books/Supplies \$ \_\_\_\_\_ Subsidized Loan \$ \_\_\_\_\_ Other Scholarships \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_ Unsubsidized Loan \$ \_\_\_\_\_ Vet/Military Benefits \$ \_\_\_\_\_

Personal/Other \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Total COA: \$ \_\_\_\_\_ Total Financial Aid: \$ \_\_\_\_\_ Total Other Resources: \$ \_\_\_\_\_

Unmet Financial Need (COA minus [Financial Aid + Resources]): \$ \_\_\_\_\_

\_\_\_\_\_  
Institution Name Signature of Financial Aid Officer Date

\_\_\_\_\_  
Phone Number (direct) Email Address

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

Student determined ineligible for Federal Financial Aid (select all that apply)

- STUDENT SUSPENDED FROM CAMPUS BASED AID FAILURE TO MAINTAIN SATISFACTORY PROGRESS
STUDENT EXCEEDS THE ALLOWANCE FOR FEDERAL STUDENT AID (LOANS, GRANTS, OR OTHER AID)
STUDENT IS IN DEFAULT STATUS ON FEDERAL STUDENT LOANS AND/OR OTHER AID
OTHER (specify) \_\_\_\_\_