**BIA / NORTHERN ARAPAHO TRIBAL SCHOLARSHIP PROGRAM**

**Financial Needs Analysis**

***Part I***

***TO BE COMPLETED BY THE STUDENT***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Agency of Tribe

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip Code

Home Telephone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Year in College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send me the necessary application for applying for college administered financial aid. I have submitted to the Sky People Higher Education Office to be considered financial assistance. This form with the additional financial information as listed in Part II is required before any action can be taken on my application. When all the necessary information is on file in your office, please complete and forward Part II or a similar form to:

Sky People Higher Education Program

Northern Arapaho Tribe

Fax: 307-332-9104

P.O. Box 920, Fort Washakie, WY 82514

**All students are requested to apply for**

**Other sources of funding available** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**through the Financial Aid Office.** *Signature* *Date*

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**Part II**

**COMPLETED BY THE FINANCIAL AID OFFICER AT THE SCHOOL THE STUDENT IS ATTENDING**

This student has applied to the Sky People Higher Education Office. Verified financial need information is needed through your office before we can take action on the application. We will appreciate your assistance if you would complete and forward this form our like form to the above address.

Thank you for your assistance.

Budget Period: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Which will start on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This student should is considered: Independent □ Dependent □ Full Time □

Cost of Attendance ………………………………………………………………………$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Contribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.E.O.G. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PELL Grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Spouse Contribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NDSL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Books \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.W.S. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scholarship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welfare/AFDC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Grants (SSIG) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Misc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Ind. Scholarship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Voc.Rehab. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Childcare\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We recommend that BIA consider funding this student …………………………….….……….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Financial Aid Officer Signature Printed Name Date Telephone*

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*Name of College (Please Print or Stamp) Address Zip Code*

Our School is on: Semester □ Quarter □ Trimester □ Other □ Specify\_\_\_\_\_\_\_\_\_\_

Rev 10/2008