

Summit Lake Paiute Tribe
1001 Rock Blvd.
Sparks, NV 89431-4337
(775) 827-9670 (ofc) (775) 827-9678 (fax)

NEEDS ANALYSIS SUMMARY

Academic Year: _____
Term (only check one box): [] Fall [] Winter [] Spring [] Summer

Student Name: _____

Social Security Number

Enrollment Number

TO BE COMPLETED BY THE FINANCIAL AID OFFICE

Name of College/University: _____

Address: _____ Phone: _____

I have reviewed the application for the above named student and have determined the following summary:

<u>Education Budget</u>	<u>Amount</u>	<u>Financial Aid</u>	<u>Amount:</u>
Tuition/Fees	_____	Pell Grant	_____
Books/Supplies	_____	State	_____
Room/Board	_____	Perkins Loan	_____
Transportation	_____	GSL	_____
Child Care	_____	CWS	_____
Personal Expenses	_____	Other Loans available	_____
Other (itemize)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL COSTS	_____	Total	_____

Resources

Parent Contribution	_____	Total Financial Aid & Resources	_____
Student Contribution	_____	Total Unmet Need	_____
Spouse Contribution	_____	Total Need This Term	_____
Social Security	_____	Student [] Full-Time [] Part-Time	
Veterans Benefits	_____		
Other	_____		
TOTAL	_____		

Financial Aid Officer Print Name

Signature

I hereby authorize the Registrar and Financial Aid Office of _____ to release any and all information pertaining to me, including transcripts, number of credits enrolled during term, class schedule, grades and funding information, to the Summit Lake Paiute Tribe Education Department.

Student's Signature: _____

Date: _____