

**Tribal Higher Education Program
Financial Needs Analysis Form**

Northern Nevada Financial Aid & Scholarship Offices

☐ **UNR**

Student Services Bldg
Mailstop 0076
Reno, Nevada 89557
(775)784-4666 Tel
(775)784-1025 Fax

☐ **TMCC**

7000 Dandini Blvd
RDMT 315 C
Reno, Nevada 89512
(775)673-7072 Tel
(775)674-7566 Fax

☐ **WNCC**

WNCC Carson City
Bristlecone Bldg, Rm 102
Carson City, Nevada
(775)445-3264 Tel
(775)445-3058 Fax

☐ **GBC**

Financial Aid Office
1500 College Pkwy
Elko, Nevada 89801
(775)753-2399 Tel
(775)753-2390 Fax

Tribal Agency

Address

City State ZIP

Phone

Tribal Enrollment Number

Student Name

Student SSN

Student Address

City State ZIP

Student Phone Number

By signing below, I authorize the above-referenced educational institution to release information from my school records to the above tribal agency.

Student Signature

Date

Financial aid office use only

Budget Period: Fall Spring Summer Semester : ____/____ to ____/____
Full Academic Year: 8/20____ - 5/20____

<u>EXPENSES</u>	<u>RESOURCES</u>
Tuition/Fees _____	Parent Contribution _____ Stafford Loans _____
Room/Board _____	Student/Spouse Contrib. _____ Other Loans _____
Books/Supplies _____	Veterans _____ Total Resources _____
Transportation _____	Pell Grant _____
Other _____	Other Grants _____
Total Expenses _____	Scholarships _____

Is this student's file incomplete? YES or NO If yes, why _____

Total Expenses - Total Resources = _____ (Remaining Need)

We recommend that you award this student \$ _____ [amount is based on semester / year.]
PLEASE INDICATE

Financial Aid Officer Signature

Date