CTE PROJECT NEEDS ANALYSIS FORM

Part 1: Needs Analysis- This		•		SS#:		
Physical Address/PO Box						
	Street/PO		City	State	Zip Code	
Telephone Number:						
Year In College:	Major	:		Minor:		
Marital Status:			Number of Dependents:			
Please send me the necess to the CTE Project with the will need the additional find When all the necessary info CTE Program Winnebago, Nothe CTE Project office at (84) I authorize the school to	Winnebago Trancial aid inforormation is on IE 68071 or ct 44) 390-3020.	ribe of Nebraska mation as listed file in your offic eproject@winn	a for considera I in Part II befo e, please comp ebagotribe.cor	tion for financial assister re any action can be to plete and forward Part n. If there are any que	tance. The CTE Project aken on my application. t II to: PO Box 687 attn: estions you can contact	
radificitize the school to	release my c	ranscripts and	illialiciai alu		bove address.	
Student's signature	 Date					
need information is require completing and forwarding of our future students. Budget Period: From	this form to tl	he above addre	ss. Thank you f which w	or your cooperation a	nd assistance on behalf	
This student is conside	pendent		Dependent			
Resourc	ces	Campus B	ased Aid	College Bu	dget	
Parents Contribution						
Student Contribution			У		Books	
Spouse Contribution						
VA Benefits						
State Scholarship			0			
TOTALS:		_				
We recommend that the	CTE Project	consider awar	ding this stud	ent \$		
Signature:		Date:		Ph #:		
Financial A	Aid Officer					
College & Address:						
Our School is on:	Semester	Quarter	Trim	ester Other		
CTE PROJECT (844) 390-3020					Received on:	

CTE PROJECT (844) 390-3020 504 Ho-Chunk Plaza, Unit 7 Winnebago, Nebraska 68071 WINNEBAGO TRIBE OF NEBRASKA