

CTE PROJECT NEEDS ANALYSIS FORM

Part 1: Needs Analysis- This section to be completed by student

Name: _____ 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 necessary applications for applying for college-administered aid. I have submitted an application to the CTE Project with the Winnebago Tribe of Nebraska for consideration for financial assistance. The CTE Project will need the additional financial aid information as listed in Part II 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 to: PO Box 687 attn: CTE Program Winnebago, NE 68071 or cteproject@winnebagotribe.com. If there are any questions you can contact the CTE Project office at (844) 390-3020.

I authorize the school to release my transcripts and financial aid information to the above address.

Student's signature

Date

Part II: To be completed by the Financial Aid Office

This student has applied with the CTE Project with the Winnebago Tribe of Nebraska for assistance. Verified financial need information is required before we can take action on this application. We appreciate your assistance in completing and forwarding this form to the above address. Thank you for your cooperation and assistance on behalf of our future students.

Budget Period: From _____ to _____ which will start on (date) _____
Month/year Month/year

This student is considered: Independent _____ Dependent _____

<u>Resources</u>	<u>Campus Based Aid</u>	<u>College Budget</u>
Parents Contribution _____	Pell Grant _____	Tuition _____
Student Contribution _____	Work Study _____	Books _____
Spouse Contribution _____	Loan _____	Fees _____
VA Benefits _____	SEOG _____	Room _____
State Scholarship _____	Scholarship _____	Board _____
Other _____	Other _____	Travel _____
		Misc _____

TOTALS: _____

We recommend that the CTE Project consider awarding this student \$ _____

Signature: _____ Date: _____ Ph #: _____
Financial Aid Officer

College & Address: _____

Our School is on: Semester _____ Quarter _____ Trimester _____ Other _____

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

Received on: _____
Initial: _____