Financial Needs Analysis

. THIS SECTION TO BE COMPLETED BY STUDENT Name:			SS#	
Home Address: Street	City	State	Zip	Phone
Year in College:	Major:	Min	or:	
Marital Status:	No. of Depen	dents:		
Please send me the necessary applications consideration of financial assistance. can be taken on my application. Whe	The Tribal Office will need ad	ditional financial aid in	formation as listed in	Part II before any actio
form to:	Education Department, Wi	nnebago Tribe of Ne	braska	
	Phone (402) 878-2633	1 Fax (402) 878-2637	7	
	PO Box 687, Wir	nebago, NE 68071		
I authorize the school to release	my transcripts and financia	l aid information to	the above address.	
Students Signature:			Date:	
Budge Period: Fromto _ month/year This student is considered:	month/year			
Resource	ces	Campus Based A	id	College Budget
Parent Contribution	Pell Grant		Tuition	
Student Contribution	Work Study		Books	
Spouse Contribution	Lane		Fees	
VA Benefits			Room	
	SEOG		- 1100111	
State Scholarship	Scholarship		Board	
State Scholarship State Ind. Schol.			-	
State Ind. Schol.	Scholarship		Board	
	Scholarship		Board Travel	
State Ind. Schol. Other	Scholarship Other TOTAL \$	a this student \$	Board Travel Misc. TOTAL\$	
State Ind. Schol. Other	Scholarship Other	g this student \$	Board Travel Misc. TOTAL\$	
State Ind. Schol. Other We recommend that Signature:	Scholarship Other TOTAL \$ at the Tribe consider awarding		Board Travel Misc. TOTAL \$	
State Ind. Schol. Other We recommend that	Scholarship Other TOTAL \$ at the Tribe consider awarding	g this student \$	Board Travel Misc. TOTAL\$	hone
State Ind. Schol. Other We recommend that Signature:	Scholarship Other TOTAL \$ at the Tribe consider awarding		Board Travel Misc. TOTAL \$	hone

Is this student on academic suspension? _____yes _____no