

BIA / NORTHERN ARAPAHO TRIBAL SCHOLARSHIP PROGRAM
Financial Needs Analysis

Part I

TO BE COMPLETED BY THE STUDENT

_____ Home Agency of Tribe

1. Name: _____ Social Security Number: _____

Home Address: _____

Street City State Zip Code

Home Telephone: (____) _____ E-Mail address _____

2. Year in College: _____ Major: _____ Minor: _____

Please send me the necessary application for applying for college administered financial aid. Attached is a copy of the Sky People Higher Education grant application that I have submitted to the Sky People Office for consideration for financial assistance. The Sky People Office will send the additional financial 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 or a similar form to:

Sky People Higher Education Grant Program
 Northern Arapaho Tribe
 P.O. Box 8480, Ethete, WY 82520

**All students are requested to apply for
 Other sources of funding available
 through the Financial Aid Office.**

Signature

Date

Part II

TO BE COMPLETED BY THE FINANCIAL AID OFFICER

This student has applied to the Sky People Higher Education Office. Verified financial need information is needed through your office before we can take action on the application. We will appreciate your assistance if you would complete and forward this form our like form to the above address.

Thank you for your assistance.

Budget Period: From: _____ To: _____ Which will start on *(date)* _____

This student should is considered: Independent Dependent Full Time

Cost of Attendance\$ _____

Parental Contribution	_____	S.E.O.G.	_____	Tuition	_____
Student Contribution	_____	PELL Grant	_____	Fees	_____
Spouse Contribution	_____	NDSL	_____	Books	_____
VA Benefits	_____	C.W.S.	_____	Room	_____
Social Security Benefits	_____	Scholarship	_____	Board	_____
Welfare/AFDC	_____	Employment	_____	Travel	_____
State Grants (SSIG)	_____	Misc.	_____	Personal	_____
State Ind. Scholarship	_____	Voc.Rehab.	_____	Childcare	_____
				TOTAL	_____

We recommend that BIA consider funding this student\$ _____

Name _____
Financial Aid Officer Signature Printed Name Date Telephone

Name of College (Please Print or Stamp) Address Zip Code

Our School is on: Semester Quarter Trimester Other Specify _____