American Indian College Fund
Financial Needs Analysis

2017-2018

SCHOLARSHIP APPLICANT – complete this portion and give to your school's financial aid office:

I authorize release of this information to the American Indian College Fund.

Print Full Name _____Signature_____

Last 4 digits of SSN _____College ID # (if known)_____

TO BE COMPLETED BY SCHOOL:

Budget Period _____ to _____, which begins on _____
MM/DD/YY MM/DD/YY MM/DD/YY

Student is: Dependent_____ Independent_____

Cost of Attendance:		**Financial aid/other resources:**			
Tuition/fees	_____	PELL Grant	_____	EFC	_____
Books/supplies	_____	SEOG	_____	Institutional Scholarships	_____
Housing/food	_____	Work-study	_____	Tribal Scholarships	_____
Childcare	_____	Student Loans	_____	Other Scholarships	_____
Personal/misc.	_____	Other Grants	_____	Other _____	_____
Other_____	_____	Other _____	_____		

TOTAL COST $_____ **TOTAL RESOURCES** $_____

FINANCIAL NEED (Total Cost less Total Resources) $ _____

Comments: _____

Financial Aid Administrator _____ Date _____

Telephone _____E-mail _____

Title _____ School _____

Fax completed form to: 303.479.9150
OR
Email to: scholarships@collegefund.org

American Indian College Fund
Scholarships - 303.426.8900