



AMERICAN INDIAN SERVICES

170 South Interstate Plaza, Suite 200
Lehi, UT 84043

(801) 375-1777 ext. 1002 scholarship office
(801) 998-8497 fax
scholarship@americanindianservices.org

FINANCIAL NEED ANALYSIS (FNA)

***This first section needs to be filled out by the STUDENT.**

TERM APPLYING FOR: Fall Winter/Spring ACADEMIC YEAR _____ - _____

STUDENT'S FULL NAME: _____ PHONE #: _____

EMAIL: _____ LAST 4 of SS OR STUDENT ID: ***-**-_____

By signing below, I hereby authorize the financial aid or other appropriate office of my institution to release information regamy student education records, including financial aid information from my FAFSA record, to the organization listed above.

SIGNATURE: _____ DATE: _____

***This bottom section to be completed by Institution: FINANCIAL AID, BURSAR, etc.**

EXPENSES:

Tuition/Fees \$ _____

Room/Board \$ _____

Books/Supplies \$ _____

Transportation \$ _____

Other \$ _____

TOTAL EXPENSES: \$ _____

RESOURCES:

EFC/SAI \$ _____

Pell Grant \$ _____

Other Grants \$ _____

Scholarships \$ _____

Tuition Waiver \$ _____

TOTAL RESOURCES: \$ _____

RECOMMENDED NEED:
(Expenses minus Resources)

\$

Recommended need will cover expenses for the period: _____ To _____
(Month/Year) (Month/Year)

Expenses reflect 1 2 3 4 terms (please circle one)

Our school is on Semester Quarter Tri-Semester Other _____

Form filled out by: _____
NAME OF INSTITUTION

PRINT NAME

SIGNATURE

TITLE

PHONE

EMAIL

DATE