



AMERICAN INDIAN SERVICES

scholarships for Native Americans

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Lehi, UT 84043

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(801) 998-8497 fax

scholarship@americanindianservices.org

FINANCIAL NEED ANALYSIS (FNA)

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

TERM(S) APPLYING FOR (check all that apply):

Academic Year _____ - _____

Fall

Winter

Spring

Summer

STUDENT'S FULL NAME: _____ PHONE #: _____

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

By signing below, I hereby authorize the financial aid office of my institution to release information regarding my 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 (optional):

EFC \$ _____

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: _____
Institution Name

Printed Name

Financial Aid Officer Signature

Date

Phone

Email