

The Hopi Tribe
Financial Needs Analysis

The Hopi Tribe Grants and Scholarship Program
P.O. Box 123
Kykotsmovi, Arizona 86039
(928) 734-3533 or (800) 762-9630
FAX # (928) 734-9575

Deadline Dates:
Fall/Winter **July 1**
Spring **December 1**

Part I - TO BE COMPLETED BY THE STUDENT

Send this form to your college or university financial aid office for completion.

Name: _____ Social Security Number _____ - _____ - _____
Last First Middle Initial

Address: _____
Street/P.O. Box City State Zip Code

Institution to be attended: _____
Name City/State

Funding request for:

Fall 20 _____ Winter 20 _____ Spring 20 _____
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I hereby give permission to the Hopi Tribe Grants and Scholarship Program to request and receive any information on my financial aid status and academic progress. I understand that I must apply for all federal, state and institutional aid before being considered for HTGSP aid. I also understand that I am responsible for seeing that this form reaches the HTGSP by the deadline date.

Student Signature Date

PART II - TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Return to the Hopi Tribe Grants and Scholarship Program. Initial any corrections. **Estimates not acceptable.**

Approved Student Budget () Dependent () Independent

Cost of Attendance based on: _____ credit hours:	Resources:
Tuition and Fees \$ _____	Student Contribution \$ _____
Books and Supplies \$ _____	Parent Contribution \$ _____
Room and Board \$ _____	Spouse's Contribution \$ _____
Personal Expenses \$ _____	Veteran's Benefits \$ _____
Transportation \$ _____	Social Security \$ _____
Other: _____ \$ _____	Other: _____ \$ _____
Total Expenses: \$ _____	Total Resources: \$ _____

We have made the following awards:

	Applied For:	Awarded:	Amount
Pell Grant	Yes() No()	Yes() No()	\$ _____
S.E.O.G.	Yes() No()	Yes() No()	\$ _____
Work Study	Yes() No()	Yes() No()	\$ _____
Loans: _____	Yes() No()	Yes() No()	\$ _____
Tuition Grant	Yes() No()	Yes() No()	\$ _____
Other: _____	Yes() No()	Yes() No()	\$ _____
Other: _____	Yes() No()	Yes() No()	\$ _____
Total Awards:			\$ _____

Unmet Need (cost of attendance - [resources+awards]): \$ _____

I recommend the student: () receive () not receive: Fall \$ _____ Winter \$ _____ Spring \$ _____

This applicant () is () is not academically eligible for financial aid under the rules of this university/college (if student is ineligible for financial aid, please explain why).

Financial Aid Officer Signature Institution Telephone Date

Financial Aid Officer Name: (Please Print) _____ FAO E-mail _____
 Address: _____