

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 _____
FT() PT() FT() PT() FT() PT()

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 \$ _____
Books and Supplies \$ _____
Room and Board \$ _____
Personal Expenses \$ _____
Transportation \$ _____
Other: _____ \$ _____

Student Contribution \$ _____
Parent Contribution \$ _____
Spouse's Contribution \$ _____
Veteran's Benefits \$ _____
Social Security \$ _____
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