



CATCHING THE DREAM

FINANCIAL NEEDS ANALYSIS

PART 1: TO BE COMPLETED BY THE STUDENT (Send form to college/university financial aid office for completion, do not fax or email signatures must be original)

Student Name: _____ Soc. Sec. No.: _____

Address: _____

City: _____ State: _____ Zip: _____

College / University: _____ Major: _____

Funding Request For: Fall 20____ Spring 20____ Summer 20____ Full or part time? _____

I hereby give permission to Catching The Dream to request and receive any information on my financial aid status and academic progress. I understand that I must apply to all federal, state, private, and institutional aid before being considered for CTD aid. I also understand that I am responsible for seeing that this form reaches the CTD by the deadline dates.

Student Signature: _____ Date: _____

PART 2: TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Return to: Catching The Dream
8200 Mountain Road N.E., Suite 103
Albuquerque, N.M. 87110
(505) 262-2351

College Name _____

Address: _____

City: _____ State: _____ Zip: _____

EXPENSES:

Tuition & Fees	\$ _____
Books & Supplies	\$ _____
Room & Board	\$ _____
Transportation	\$ _____
Personal	\$ _____
Other (Specify)	\$ _____

RESOURCES:

EFC	\$ _____
Private Scholarships	\$ _____
BIA Scholarship	\$ _____
Tribal Scholarship	\$ _____
Grants (PELL, etc.)	\$ _____
Loans (Perkins, etc.)	\$ _____
Work Study	\$ _____
Veteran's benefits	\$ _____
Other (Specify)	\$ _____

TOTAL EXPENSES: \$ _____

TOTAL RESOURCES: \$ _____

Has student been suspended from financial aid for failure to maintain satisfactory progress? Yes or No
If yes, when? _____ Has student applied for financial aid? Yes or No

Print name of person completing form: _____

Signature of person completing form: _____

Title: _____ Phone No.: _____

Date: _____