



11100 Santos Sanchez
 Ysleta del Sur Pueblo, Texas 79927
 Phone (915) 872-8648
 Email impact@ydsp-nsn.gov

FINANCIAL NEEDS ANALYSIS FORM

Name: _____ Student Identification Number: _____

Permanent address: _____
Number & Street City/State/Zip Code

Telephone Number: (____) _____ Date of Birth: _____

Your state of legal residence: _____ Marital Status: _____ Unmarried (Single, Divorced, Widowed)
 _____ Married _____ Separated

If you have any dependents other than a spouse, how many will be in each of the following age groups during the term that you are applying for aid:

_____ 0-5 _____ 6-12 _____ 13+

Your college standing at the time of this assistance is to be used:

Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____

Where will you be living during the period for which you have requested financial aid?

On Campus _____ Off Campus _____ With Parents _____ Other _____

Term applying for:

20 ___ Fall Semester
 20 ___ Spring Semester
 20 ___ Summer I
 20 ___ Summer II

Enrollment Status:

___ Full Time (12 credit hours or more)
 ___ Part Time (11 credit hours or less)

DEGREE: _____ MAJOR: _____

I hereby give permission to the Financial Aid Office to release any information on my financial aid and academic status to the Ysleta del Sur Pueblo Department of Tribal Empowerment.

Student Signature: _____ Date: _____

**TO BE COMPLETED BY FINANCIAL AID OFFICER AT THE COLLEGE/UNIVERSITY.
 PLEASE RETURN COMPLETED FORM TO PROGRAM ADDRESS ABOVE.**

I [] Student suspended from campus based aid due to failure to maintain satisfactory progress.

This student is considered: Independent _____ Dependent _____ CUM GPA _____ Pell Grant Index _____

Expenses:

Tuition/Fees \$ _____
 Room/Board \$ _____
 Books/Supplies \$ _____
 Transportation \$ _____
 Personal \$ _____
 Graduate \$ _____
 Out of State \$ _____
 Dependent Allowance \$ _____

Resources:

Personal/Summer \$ _____ Pell \$ _____
 Parent Contribution \$ _____ SEOG \$ _____
 Spouse Contribution \$ _____ SSIG \$ _____
 Veterans Benefits \$ _____ CWS \$ _____
 Stafford Student Loan \$ _____ Perkins \$ _____
 Other (specify) \$ _____

TOTAL EXPENSES \$ _____

TOTAL RESOURCES \$ _____

Student need recommended to Tribal Empowerment Department: **Expenses minus Resources** [_____]

Financial Aid requested will cover expenses for the period:

_____ to _____
Month Year Month Year

I certify that the above individual has applied for and been considered for both federal and campus based aid.

Financial Aid Advisor _____ Date _____
 Institution _____ Address _____ Telephone Number _____