

Karuk Tribe of California



Administrative Office
Post Office Box 1016
Happy Camp, CA 96039
(530) 493-5305 Fax (530) 493-5322

FINANCIAL NEEDS ANALYSIS

TO BE COMPLETED BY THE FINANCIAL AID OFFICER AT SCHOOL OF YOUR CHOICE

Verification of need from your office is requested before action can be taken on this student's application. Please complete and forward this form to the above address: ATTN: EDUCATION DEPARTMENT. Thank you for your assistance.

NAME _____

SS# _____ DATE _____

BUDGET PERIOD: FROM _____ TO _____ WHICH WILL START ON _____

COLLEGE BUDGET: RESOURCES: CAMPUS BASED AND OTHER AID:

TUITION	\$ _____	PARENT CONTRIBUTION	\$ _____	SEOG	\$ _____
FEES	\$ _____	STUDENT CONTRIBUTION	\$ _____	PELL	\$ _____
BOOKS/SUPPLIES	\$ _____	VETERANS BENEFITS	\$ _____	NDSL	\$ _____
ROOM	\$ _____	AFDC/WELFARE	\$ _____	CWS	\$ _____
BOARD	\$ _____	SOCIAL SECURITY	\$ _____	SUG	\$ _____
TRANSPORTATION	\$ _____	STATE (INDIAN)	\$ _____	EOPS	\$ _____
PERSONAL	\$ _____	VOC. REHABILITATION	\$ _____	GSL	\$ _____
CHILD CARE	\$ _____	OTHER	\$ _____	CAL	\$ _____
OTHER	\$ _____			OTHER	\$ _____
TOTAL	\$ _____	TOTAL	\$ _____	TOTAL	\$ _____

WE RECOMMEND A STUDENT AWARD OF: \$ _____

SIGNATURE: _____
FINANCIAL AID OFFICER

DATE _____

Telephone # _____

COLLEGE OR SCHOOL: _____

ADDRESS: _____

YOUR SCHOOL IS ON: SEMESTER _____ QUARTER _____ TRIMESTER _____ OTHER _____