



## Financial Needs Analysis 2020 - 2021 Academic Year

Instructions: Submit this form to your institution's financial aid office for completion of budget on reverse page.  
*PLEASE NOTE:* In order for the financial aid office to complete this form, you must have completed the Free Application for Federal Student Aid (FAFSA) for the respective academic year.

Term(s) for which you are applying:

- FULL Academic Year 2020-2021
- Fall 2020
- Winter 2020/2021
- Spring 2021
- Summer 2021

Application status (check only one option):

- Full-Time (12 credit hours or equivalent)
- Part-Time (11 to 6 credit hours or equivalent)
- Dual Attendance between two Institutions

Housing:  with parents  On-Campus  Off-Campus

PERSONAL DATA (print clearly)

Name: \_\_\_\_\_  
(Last) (First) (MI) (Maiden/Other)

Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_  
(Street/PO Box) (Area Code)  
\_\_\_\_\_  
(City) (State) (Zip)

Under no circumstances, will the applicant and/or parent(s) coerce the Financial Aid Office to complete this form with actual day-to-day expenses and/or without the **student's and/or parent's contribution amounts** (federal EFC codes) to support student's educational costs, and/or without all federal, private, institutional scholarship aid available to the applicant.

Only a Standardized Institutional Financial Aid Budget will be accepted.

I certify that I have submitted a 2020-2021 Free Application for Federal Student Aid (FAFSA) and will abide by all institution's policies & procedures and will submit all required documents requested by the Financial Aid Office in a timely manner so this form can be completed and returned to the Isleta Higher Education Program prior to the funding deadline.

I hereby give my consent for all institutions to which I am applying to provide the Isleta Higher Education Program with all encompassing information pertaining to my prior, current and continued academic and financial aid eligibility. I understand that false or misleading information given in this application or required documents may result in cancellation

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Applicant Information:**

Name: \_\_\_\_\_  
(Last) (First) (MI) (Maiden/Other)

School ID/Social Security#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Instructions to financial aid office: To complete this form you must have received the 2020-2021 Student Aid Report (SAR) and the applicant must have completed the financial aid process and submitted all required documents per your institution's established financial aid policies & procedures. If the applicant is not making satisfactory academic progress s/he must appeal their financial aid, **please inform applicant of this appeal process. Until the applicant's financial aid appeal is approved s/he remains ineligible to receive funding from the Isleta Higher Education Program.**

The standardized financial budget is calculated to cover the period from \_\_\_\_\_ to \_\_\_\_\_ Number of Terms: \_\_\_\_\_  
(mm/yy) (mm/yy)

Full Academic Year 2020/2021  Fall 2020  Winter 2020/2021  Spring 2021  Summer 2021

This financial budget was calculated using 2020-2021 FAFSA/SAR Information:  Yes  No (Hold until financial aid file is complete)  
[  is ] [  is not ] making satisfactory academic progress. If not, please explain \_\_\_\_\_

**Standardized Expenses** (Only a Standardized Institutional Financial Aid Budget Will be accepted).

Tuition/Fees \$ \_\_\_\_\_  
Books/Supplies \$ \_\_\_\_\_  
Room/Board \$ \_\_\_\_\_  
Transportation \$ \_\_\_\_\_  
Personal \$ \_\_\_\_\_  
Total Standardized Expenses \$ \_\_\_\_\_

**Awarded Resources**

PELL Grant \$ \_\_\_\_\_ Academic Scholarship \$ \_\_\_\_\_  
SEOG \$ \_\_\_\_\_ Institution Scholarship \$ \_\_\_\_\_  
SSIG \$ \_\_\_\_\_ Private Scholarship \$ \_\_\_\_\_  
College Work-Student (CWS) \$ \_\_\_\_\_ State Lottery Scholarship \$ \_\_\_\_\_  
Student Contrib. (EFC Code) \$ \_\_\_\_\_ Bridge Scholarship \$ \_\_\_\_\_  
Parent Contrib. (EFC Code) \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_  
Veteran's Benefits \$ \_\_\_\_\_  
Perkins Loan \$ \_\_\_\_\_  
Stafford Loan \$ \_\_\_\_\_  
Tuition Waiver \$ \_\_\_\_\_ Total Awarded Financial Aid \$ \_\_\_\_\_  
Athletic Scholarship \$ \_\_\_\_\_

Calculated Expenses: \$ \_\_\_\_\_ minus (-) Resources: \$ \_\_\_\_\_ equals (=) Unmet Need: \$ \_\_\_\_\_

**Address for the scholarship check to be sent**

Name (if applicable) or Office \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code)

Mailing Address \_\_\_\_\_  
(Street/PO Box)

(City) (State) (Zip)

**Financial Aid Officer Information (Please PRINT):**

FAO Name \_\_\_\_\_ Phone # \_\_\_\_\_  
FAO Email \_\_\_\_\_ Fax # \_\_\_\_\_

By signing below, I certify that this applicant has applied for and been considered for all federal and campus-based aid to the best of my knowledge.

Financial Aid Officer's Signature \_\_\_\_\_

Date \_\_\_\_\_