By signing I,	authorize														
to rologeo my financial award in		ent Name	Name ation and to the Confederated Tribes Higher Education Progr								Name of Institution				
to release my milanciai awaru n	IIOIII	i lati Oi i ai	ia to trie c	Jonneut	erated Tribes i	nigi iei Eu	ucatio	IIPIC	yram.						
THE BELOW SECTI	0 N	ı(s) ı	MUST	BE	COMPL	ETED	ву	Α	FINA	NC	IAL	AID	OFFICER		
STUDENT NEED ASSESSM													0111021		
Student Name: Student ID #															
Academic Year:	ear: Enrollment Status:											_			
												_			
Dependency Status:]	Dependent			Independe	Independent									
Residency Status:]	Resident			Non-Resid	ent									
Marital Status:]	Single			Married										
Student Registration/		Full Time			¾ Time		½ Ti	½ Time				Less than ½ time			
Enrollment Status															
Current Academic]	Good Standing			Academic		Academ					Pending Academic			
Standing:					Probation		Suspens		sion		Rer	Renewal/Forgiveness			
Term/Semester]	Fall			Winter		Spri	ng			Sur	mmer			
to be Funded							•	J							
Student Budget=cost of attendance	ent Budget=cost of attendance (per enrollment status) Student Resources														
Tuition & Fees		\$			Student Contribut				tion		\$				
Room & Board	-	\$			Parent Contribution				ion		\$				
Books & Supplies	-	\$			 Spouse Contribut			tion		\$					
Transportation	-	\$			– Other Non-Specifi				fied:		\$				
Personal Expenses	-	\$								\$					
Other:	-	\$			_				\$						
TOTAL	TOTAL \$						ТОТ			TAL \$					
FINANCIAL AID SUMMAR	RY				_										
		Fall		Winter		Spring		Summe		ner		Total			
Federal Pell Grant	ederal Pell Grant		-								\$				
Oregon Tribal Student												\$			
Other State Grant(s)												\$			
Accepted Loan (s)												\$			
Tuition Waiver												\$			
Other:												\$			
			,							T	ОТА	L \$			
Total Budget		\$			Comments:										
Total Resources	\$														
Total unmet need	\$														
rotal allinot nood															
REMITTANCE ADDRESS:															
Street Address	City, St	City, State						Zip Car			Name				
FINANCIAL AID OFFICER															
Printed Name			Signati	ure				_	Date				_		
Note to Financial Aid Officer: Plea	ase e	mail com	•		to the Confed	erated Trib	es Hig	her E			am at H	ligherEd	ucation@ctuir.org		

