By signing I, _____ authorize _____

to release my financial award information to the Confederated Tribes Higher Education Program.

Signature/Date

THE BELOW SECTION(S) MUST BE COMPLETED BY A FINANCIAL AID OFFICER

STUDENT NEED ASSESSMENT

Student Name: _____   Student ID # _____

Academic Year: _____   Enrollment Status: _____

Dependency Status:	☐ Dependent	☐ Independent			
Residency Status:	☐ Resident	☐ Non-Resident			
Marital Status:	☐ Single	☐ Married			
Student Registration/ Enrollment Status	☐ Full Time	☐ ¾ Time	☐ ½ Time	☐ Less than ½ Time	
Current Academic Standing:	☐ Good Standing	☐ Academic Probation	☐ Academic Suspension	☐ Pending Academic Renewal/Forgiveness	
Term/Semester to be Funded	☐ Fall	☐ Winter	☐ Spring	☐ Summer	

Student Budget=cost of attendance (per enrollment status)

		Student Resources	
Tuition & Fees	$	Student Contribution	$
Room & Board	$	Parent Contribution	$
Books & Supplies	$	Spouse Contribution	$
Transportation	$	Other Non-Specified:	$
Personal Expenses	$		$
Other:	$		$
TOTAL	$	TOTAL	$

FINANCIAL AID SUMMARY

	Fall	Winter	Spring	Summer	Total
Federal Pell Grant					$
Oregon Tribal Student					$
Other State Grant(s)					$
Accepted Loan (s)					$
Tuition Waiver					$
Other:					$
				TOTAL	$

		Comments:
Total Budget	$	
Total Resources	$	
Total unmet need	$	

REMITTANCE ADDRESS:

_____ _____ _____ _____

FINANCIAL AID OFFICER

_____ _____ _____

Note to Financial Aid Officer: *Please email/return the completed SNA directly to the student.*