

Kiowa Tribe of Oklahoma Financial Needs Analysis Form

PART I – MUST BE COMPLETED BY STUDENT

Print Name: _____ SSN: _____
 Address: _____ City: _____ State: _____
 ZIP CODE: _____ TELEPHONE: Home #: _____ Cell: # _____
 MARITAL STATUS: Married: ___ Single: ___ Divorced: ___ Widowed: ___ No. of Dependents ___
 Student Classification: Fr _ Sph _ Jr _ Sr _ 5th Yr _ Other _ Major: _____ Minor: _____

After completing Part I, please send or hand-carry this **Financial Needs Analysis Form** to your Financial Aid Office. By signing this portion of the document, you are authorizing your college/university to release your financial and academic information to the Kiowa Tribe Higher Education Grant Program. The KHEGP needs the information in Part II before your application can be processed for funding. Please advise your Financial Aid Officer that after they have completed Part II, they will need to forward it to the following address:

**Kiowa Tribe of Oklahoma
 Education Programs Department
 P.O. Box 369
 Carnegie, OK 73015**

_____ Student Signature _____ Date _____

Students are required to apply for other financial aid sources offered through the Institution's Financial Aid Office.

Part II – Must Be Completed by Your Institution's Financial Aid Officer

Dear Financial Aid Officer:

This student has applied for financial assistance to the Kiowa Tribe Higher Education Grant Program. Verified financial need information is needed from your office before any action can be taken on this application. The student has authorized release of his/her data. Please complete this form and forward it to the above address.

- ___ Student has not yet applied for financial aid. His/Her need cannot be determined.
- ___ Student applied late and will not be considered for funding.
- ___ Student's application is incomplete and cannot be considered
- ___ Funds exhausted at institution.

Student Status: Independent ___ Dependent ___ Institution Uses: Semester ___ Quarter ___ system(s).

BUDGET PERIOD – From: _____ **To:** _____ **Start Date** _____

College Budget	Student Resources	Institutional Awards
Tuition \$ _____	Contribution \$ _____	SEOG \$ _____
Fees \$ _____	AFDC/Welfare \$ _____	Perkins Loan \$ _____
Books \$ _____	VA Benefits \$ _____	Stafford Loan \$ _____
Room/Board \$ _____	Social Security \$ _____	C. W. S. \$ _____
Travel \$ _____	State Grants \$ _____	Voc. Rehab. \$ _____
Misc. \$ _____	State Indian Grant \$ _____	Scholarship \$ _____
Total Expenses \$ _____	Other \$ _____	Other \$ _____
Parent Contribution: \$ _____	Total Resources \$ _____	TOTAL AWARDS \$ _____
Student/Spouse \$ _____	Pell Grant \$ _____	Total Awards: \$ _____

Student's Unmet Need ([Student Resources + Institutional Awards] – [Total Expenses]): \$ _____

Signature: _____

Financial Aid Officer (Please Print)
Telephone Number
Date

Financial Aid Officer (Signature)

Address of College/University