



FINANCIAL NEEDS ANALYSIS

P.O. Box 39 *Usk, WA 99180
Telephone (509) 447-7144 * Fax (509) 445-0272

PART 1: TO BE COMPLETED BY THE STUDENT

Name: _____ Social Security No: _____
Current Address: _____
City: _____ State: _____ Zip Code _____ Telephone _____
County: _____

I understand and agree that I must apply for all campus-based aid that I am eligible for to be considered for Camas Path Equity Assurance. I have (or will) submit the necessary forms to my college financial aid office by due date. I authorize the school to release grades, attendance and income information to the Camas Path Education Department.

Signature _____ Date: _____

PART 2: TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT THE SCHOOL YOU PLAN TO ATTEND.

A. Budget Period: _____ 20__ to _____ 20__, which will begin _____ 20__.

B.	Costs of Attendance and	Parent Contribution \$	Student Contribution	\$
	Tuition \$	Pell	Scholarship	
	Fees	GSL	Tuition Waiver	
	Books	SEOG	Tribal Scholarship	
	Housing	SNG		
	Travel	CWS		
	Personal	Other		
	Child Care	Total Resource:	\$	
	Total Cost \$			

C. Student's Unmet Financial Need is: \$ _____

- D. 1 Student () has, () has not applied for campus based aid.
- 2 Student applied on _____ 20__ () complete, () incomplete.
- 3 Application was submitted: () on time, () late.
- 4 Student's financial aid package is: () complete, () incomplete.
- 5 If student is not eligible for campus-based aid, give reason:

E. Printed Name of Financial Aid Officer _____
Signature of Financial Aid Officer: _____ Date: _____
Academic Term of College: () Semester () Quarter () Tri-Semester
Phone Number () _____
College Address: _____

FINANCIAL AID OFFICER, INFORMATION & DIRECTIONS

- Section A. A student may apply once each academic year.
Section B. Fill in amounts for costs and resources for the student for the period.
Section C. Yours office's verification of the student's unmet need.
Section D. Please check off correct responses to questions 1 through 4.
Section E. Your signature is required on this form. Do not forget to indicate your college's academic term.

RETURN TO CAMAS PATH/CAMAS LEARNING CENTER by September 1, 20__ for the 20____-20____ academic year. Even if this student's financial aid package is not complete by the end of August 20____ please provide as much information as possible. See address at the top of the previous page.