

CHIPPEWA CREE TRIBAL SCHOLARSHIP PROGRAMS

8294 Upper Box Elder Road
Box Elder, MT 59521
Phone: 406-395-4875 ext 1245
Fax: 406-395-5017 or 4836

FINANCIAL NEEDS ANALYSIS (Budget)

APPLICANT – Complete this section, after completion submit to the financial aid office at the institution you plan to attend:

Name: _____ Social Security Number _____
Address: _____ City: _____ State: _____ Zip Code: _____
E-Mail: _____ Phone #: _____
Marital Status: Single _____ Divorced _____ Married _____ Number of Dependents: _____
Grade in College: Freshman _____ Sophomore _____ Junior _____ Senior _____ Other _____

FINANCIAL AID OFFICER – Complete this section, after completion please send to the above address. The above student has applied for a tribal scholarships and verified financial need information is requested from your office before we can determine the student's eligibility and reward amount.

EXPENSES:		RESOURCES:			
Tuition/Fees	\$ _____	Personal/Summer	\$ _____	Pell Grant	\$ _____
Room/Board	_____	Parent Contribution	_____	MTAP	_____
Book/Supplies	_____	Spouse Contribution	_____	FSEOG	_____
Transportation	_____	Veteran's Benefits	_____	MTHEG	_____
Personal	_____	Indian Fee Waiver	_____	Work Study	_____
Other	_____	Loan/Other	_____	Perkins Loan	_____
Total Expense:	\$ _____			Total Resources:	\$ _____

STUDENT UNMET NEED (Expenses Less Resources) \$ _____

Student Budget Period: _____ TO _____
(Month) (Year) (Month) (Year)

Student is considered: Independent _____ Dependent _____
Student Financial Aid Status: Good Standing _____ Probation _____ Suspension _____ Default _____
Your institution is on: Semesters _____ Quarters _____ Other _____

Date Financial Aid Officer Signature Institution

Phone Number Address

Tribal Scholarship Program applicants must apply for Federal Student Aid by March 1, and complete the Tribal Scholarship Application Process online by final deadline date of June 30th each year.
