

**ASSOCIATION ON AMERICAN INDIAN AFFAIRS**  
**SCHOLARSHIP APPLICATION/FINANCIAL NEEDS ANALYSIS**  
**PLEASE SEND ONLY ONE APPLICATION PACKAGE.**  
**YOU WILL BE CONSIDERED FOR ALL APPLICABLE SCHOLARSHIPS**

Student Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Will Be Requested if Selected  
 Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
 City: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 State: \_\_\_\_\_ Tribe: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Major: \_\_\_\_\_

Year – please circle one :      Freshman      Sophomore      Junior      Senior      Graduate

Financial information is needed for the entire “regular” school year (Sept.-June).

Please do not include summer.

\*\*\*\*\*

School: \_\_\_\_\_

Financial Aid Officer: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Anticipated Graduation: Month/Year: \_\_\_\_\_

School Start Date: \_\_\_\_\_, 2007      School End Date: \_\_\_\_\_, 2008

Tuition/Fees: \_\_\_\_\_ Room/Board: \_\_\_\_\_

Books/Supplies: \_\_\_\_\_ Transportation: \_\_\_\_\_

Total Need: \_\_\_\_\_ Misc. Expenses: \_\_\_\_\_

Student/Family Contribution: \_\_\_\_\_

Confirmed Financial Aid: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pending Financial Aid: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL UNMET NEED:** \_\_\_\_\_

FAO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to the student to include in their application package.

Duplicate forms do not need to be sent by the school.

Faxed or e-mailed documents will not be considered.

**INCOMPLETE APPLICATION PACKAGES WILL NOT BE CONSIDERED**