Financial Aid Needs Analysis

Laguna Department of Education
Laguna Education Foundation
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PART A: To be completed by Applicant

Note: Please **PRINT** all information and submit this form to each college financial aid office to which you have applied, as soon as possible. Applicants are required to submit a Free Application for Student Financial Aid (FAFSA) and complete the financial aid process at the college you wish to attend. ***It is the applicant's responsibility to ensure that all documents are received by the college financial aid office in order that the financial aid office may complete this form and return to the Laguna Higher Education Program by the deadline.***

Classification: ☐ Freshman (1) 0-32 hrs. ☐ Sophomore (2) 33-64 hrs. ☐ Junior (3) 65-97 hours ☐ Senior (4) 98-128+ hrs.

School Year: 20011-2012 Housing: On-Campus ☐ Off-Campus ☐ Living with Parents **Enrollment**: ☐ Full-time (12+ credits). ☐ Part-Time (1 to 11 credits) (*Check appropriate boxes)*

Name: _____
Last First (Maiden) MI

Address: _____ Phone: _____
Street/PO City State Zip Area Code & number

E-Mail Address: _____ (Check One) ☐ Dependent Status ☐ Independent Status ☐ Not Sure

Social Security #: _____-_____-_____ College/University: _____

Major: _____ Graduation Date: _____
(Specify) *(month/year)*

I hereby, give my consent for the above named college/university to provide Laguna Higher Education Program with all information pertaining to my continued financial aid eligibility. Information includes, but is not limited to: financial aid, academic transcripts, mid-term progress reports, class schedule, degree plan, graduation verification and current address/phone. A photocopy of this authorization shall have the same force and effect as an original.

X _____
Applicant Signature Date

Part B: **To be completed by the Financial Aid Office (FAO)**

Specify address to which Scholarship Grant Award check will be mailed:

_____
Name, Title, Department (print clearly) Address Phone Number

_____

Note: Please complete this form using SAR information and verify financial aid eligibility.
If an applicant is "not making satisfactory academic progress" according to the college financial aid office; the applicant may appeal for financial aid consideration. Until an appeal is approved, the applicant is ineligible to receive a grant from Laguna Higher Education Program. *If applicable*, applicant must initiate the financial aid appeal process.

Financial Aid will cover the term (s) from _____ 20 _____ to _____ 20 _____
month year month year

The applicant named above ☐ **is** / **is not** making satisfactory academic progress Number of Terms Calculated: _____

Academic Calendar is:

☐ 2011 Summer (ONLY) ☐ 2011 Fall Semester ☐ 2011 Fall Quarter
☐ 2012 Spring Semester ☐ 2012 Winter. Quarter
☐ 2012 Spring Quarter

EXPENSES:		RESOURCES:			
Tuition/Fees	$_____	Parent Contribution	$ _____	Perkins Loan	$ _____
Books/Supplies	$_____	Student Contribution	$ _____	SEOG	$ _____
Room/Board	$_____	Veteran's Benefits	$ _____	SSIG	$ _____
Transportation	$_____	State Lottery Scholarship	$ _____	Stafford Loan	$ _____
Personal/Other	$_____	PELL Grant	$ _____	Tuition Waiver	$ _____
	$ _____	College Work-Study	$ _____	Other	$ _____

TOTAL EXPENSES: $_____ **minus (-) TOTAL RESOURCES: $**_____ **equals (=) UNMET NEED: $** _____*

***** *Laguna Higher Education Program reserves the right to determine the award amount each academic year, which may be equal or less than the unmet need amount determined by the Financial Aid Office.*

This applicant has zero ($0) financial aid need at this institution: ☐ Yes ☐ No

I certify that this applicant has applied for and has been considered for all federal financial and campus-based aid.

X_____/_____/_____/__(_)_____
FAO Name (please print) FAO Signature Date Phone & Fax