

UNIVERSITY LOGO

STUDENT FINANCIAL ASSESSMENT FORM (USA)

Financial Aid & Student Support Services

Student Information

Full Name: _____
Student ID: _____
Date of Birth: ____/____/____
Email: _____
Phone: _____

FAFSA-Style Dependency Status

- I am 24 years or older
- I am married
- I am a veteran or active-duty military member
- I have dependents who receive more than half of their support from me
- None of the above

Income Assessment

Income Source	Annual Amount (USD)
Student Employment	\$ _____
Scholarships	\$ _____
Grants	\$ _____
Student Loans	\$ _____
Parent Contribution	\$ _____
Other Income	\$ _____
Total Income	\$ _____

Expense Assessment

Expense Category	Annual Amount (USD)
Tuition & Fees	\$ _____
Books & Supplies	\$ _____
Housing / Rent	\$ _____
Food	\$ _____
Transportation	\$ _____
Health Insurance	\$ _____
Personal Expenses	\$ _____

Total Expenses	\$ _____
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Assets Assessment

Asset Type	Value (USD)
Checking Account	\$ _____
Savings Account	\$ _____
Investments	\$ _____
Trust Funds	\$ _____
Other Assets	\$ _____

Special Circumstances Statement

Financial Aid Office Use Only

Review Item	Result
Cost of Attendance (COA)	\$ _____
Expected Family Contribution (EFC) / SAI	\$ _____
Financial Need	\$ _____
Aid Package Recommendation	_____
Review Date	___/___/___

Recommended Financial Aid Programs

- Pell Grant
- FSEOG
- Federal Work-Study
- Direct Subsidized Loan
- Direct Unsubsidized Loan
- Institutional Scholarship
- Other: _____

Financial Aid Officer Signature: _____

Student Signature: _____