

**Aqqaluk Trust Fax (907) 343-5692 (Anchorage local number) or**

**claudia.tiepelman@nana.com**

**FINANCIAL AID PACKAGE / NEED SHEET**

Student's Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Student's Address \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 College/University \_\_\_\_\_ Phone Number \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Native Corp. to which you are enrolled: \_\_\_\_\_  
 Have you been accepted for admission?  Yes  No (if not, please notify this office as soon as you have been accepted.)  
 My class will be:  Freshman  Sophomore  Junior  Senior Graduation Date \_\_\_\_\_  
 I have earned \_\_\_\_\_ credits to date. I plan to enroll for \_\_\_\_\_ credits this term. My major is: \_\_\_\_\_  
 I am  Single  Married  Divorced  Separated  Widow  
 Name of Spouse \_\_\_\_\_ Number & Ages of Dependents \_\_\_\_\_  
 Forecast for term beginning \_\_\_\_\_ and ending \_\_\_\_\_

**A. COLLEGE OR UNIVERSITY BUDGET:**

Tuition..... \_\_\_\_\_  
 Fees..... \_\_\_\_\_  
 Room..... \_\_\_\_\_  
 Board..... \_\_\_\_\_  
 Books..... \_\_\_\_\_  
 Other (specify)..... \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 TOTAL BUDGET.....\$ \_\_\_\_\_

**COMMENTS**

Student has not yet applied for financial aid. Need cannot be determined.  
 Student applied late. Will not be considered for funding.   
 Student's application is incomplete and cannot be considered.  
 Funds exhausted at institution.  
 I give \_\_\_\_\_  
 Permission to release the information in my financial and Academic files to the Aqqaluk Trust.

\_\_\_\_\_  
 Student Signature Date

**STUDENT RESOURCES AND INSTITUTION AWARDS:**

Starting Date:	2011	2012	2012	2012	
TYPE OF AID:	FALL	WINTER	SPRING	SUMMER	TOTAL
AFDC or Welfare					
Alaska Student Loan					
College Scholarship					
College Work Study Program					
National Direct Student Loan					
PELL Grant					
Parent/Spouse Contribution					
SEOG					
Social Security					
Students Contribution					
Tribal Assistance					
Tuition Exemption					
Veterans Benefits					
Other (Specify)					
Other					

Total Resources: \$ \_\_\_\_\_  
 Unmet Need: \$ \_\_\_\_\_

Financial Aid Officer Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Address \_\_\_\_\_