



Muckleshoot Scholarship Program

39015 172nd Ave SE, Auburn, WA 98092

ScholarshipsDept@Muckleshoot.nsn.us 253-876-3378



Financial Needs Analysis

I _____, with the SSN of _____-_____-_____ hereby
(Applicant Name)

authorize the release of information provided below to the Muckleshoot Scholarship Program with the understanding that this completed form will be returned to the Scholarship Program via email at ScholarshipsDept@Muckleshoot.nsn.us

Applicant Signature: _____ Date: _____

A Financial Aid Officer at your school must fill out the section below

Please **EMAIL** the completed copy of this form to ScholarshipsDept@Muckleshoot.nsn.us.

Budget Period: ____ / ____ to ____ / ____ Student is considered : Independent Dependent

Starting on: ____ / ____ / ____ Classification/Year in College: _____

Term Type Quarter Semester Modular

Terms included on this analysis: Summer Fall Winter Spring

NOTE: The MIT Scholarship Program academic year runs Summer term through Spring term.

It is best if this analysis can include all remaining quarters for the current academic year.

The amounts filled in should reflect the **budgeted** standardized cost of attendance for your institution.

We do not take into consideration any unusual or additional expenses that the student may have.

Students should contact the MIT Scholarship Program directly with questions or concerns.

Cost

\$_____ Tuition

\$_____ Fees

\$_____ Books/Supplies

\$_____ Personal

\$_____ Travel

\$_____ Room & Board *

\$_____ Total

\$_____ Total Unmet Need

Assistance

\$_____ Pell Grant

\$_____ Federal Grant

\$_____ _____

\$_____ _____

\$_____ _____

\$_____ _____

\$_____ Total

Additional Notes and Comments:

Financial Aid Officer Printed Name

Signature

Date

Email

Phone Number & Extension

*The Room & Board line should be filled in with the budgeted amount for the school regardless of whether the student lives on or off-campus