

HTELC SCHOLARSHIP FINANCIAL NEEDS ASSESSMENT FORM

Submit ONE copy of this Financial Needs Assessment Form along with a copy of your FAFSA Student Aid Report (SAR) when applying for one or more scholarships where evidence of financial need is required

NAME: _____

PROJECTED EDUCATIONAL FEES/LIVING EXPENSES

Tuition/Registration/Lab fees: \$ _____ per semester/quarter/year/month/unit (circle one) *(Attach a copy of an official fee schedule from the school you are attending or planning to attend).*

Room/Board/Rent/Housing: \$ _____ per semester/quarter/month/year (circle one) *(Attach a copy of official documentation listing the fees for room, board and housing from the school you are attending or planning to attend or a copy of your rental agreement with the amount of rent delineated).*

Parking fees: \$ _____ per semester/quarter/month/year (circle one) *(Attach a copy of the official parking fee schedule from the school you are attending or planning to attend)*

Other anticipated expenses: *Please list amount per semester/quarter/year/month with a brief explanation of the fee.*

a) \$ _____ per semester/quarter/year/month
Description:

b) \$ _____ per semester/quarter/year/month
Description:

c) \$ _____ per semester/quarter/year/month
Description:

Please attach a copy of your Student Aid Report (SAR) from the Free Application for Federal Student Aid (FAFSA) program (info on this program can be found at www.FAFSA.ed.gov). A copy of your FAFSA is required for all scholarships that require evidence of financial need. At minimum, you need to include the page from your FAFSA report that shows your expected family contribution.

SPECIAL FINANCIAL CIRCUMSTANCES

Please describe any other special financial circumstances that you feel the committee should know in determining your need for financial support (e.g., special financial challenges or hardships that you and/or your family are facing). You can continue on the back of this page if needed.