



**Education and Career Services**  
 Stockbridge-Munsee Community  
 P. O. Box 70  
 W12635 County Rd A  
 Bowler Wisconsin 54416  
**Phone:** 715-793-4100 **Fax:** 715-253-2436



**Student:** \_\_\_\_\_ New  Continuing  Original  Revised  Date \_\_\_\_\_

**FINANCIAL NEED ANALYSIS**

**TO BE COMPLETED BY FINANCIAL AID ADMINISTRATOR**

Student's full Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

**Students Status:**  Dependent  Independent **Expected Degree:**  AA  BA/BS  A/MS  
**Student Loan Status:**  No Default  Default  Other \_\_\_\_\_

TERM	From MO/YR	To MO/YR	Projected # of Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COST OF ATTENDANCE (C.O.A.):**  
 Tuition and fees . . . . . \$ \_\_\_\_\_  
 Books and Supplies . . . . . \$ \_\_\_\_\_  
 Room and Board. . . . . \$ \_\_\_\_\_  
 Personal/Misc. . . . . \$ \_\_\_\_\_  
 Transportation . . . . . \$ \_\_\_\_\_  
 Other (list) . . . . . \$ \_\_\_\_\_  
**TOTAL COA EXPENSES:** . . \$ \_\_\_\_\_

**EXPECTED FAMILY CONTRIBUTION (E.F.C.):**  
 Student/Spouse Contribution . . . . . \$ \_\_\_\_\_  
 Parent Contribution . . . . . \$ \_\_\_\_\_  
**TOTAL E.F.C.:** . . . . . \$ \_\_\_\_\_

**FINANCIAL NEED:**  
**COA EXPENSES:** . . . . . \$ \_\_\_\_\_  
**MINUS E.F.C.:** . . . . . \$ \_\_\_\_\_  
**ASSESSED FINANCIAL NEED:** . . . \$ \_\_\_\_\_

**FINANCIAL AID AWARDS:**  
 PELL . . . . . \$ \_\_\_\_\_  
 SEOG . . . . . \$ \_\_\_\_\_  
 Tuition Grant . . . . . \$ \_\_\_\_\_  
 WHEG . . . . . \$ \_\_\_\_\_  
 Minority Retention Grant . . . \$ \_\_\_\_\_  
 WI Indian Grant . . . . . \$ \_\_\_\_\_  
 College Work/Study . . . . . \$ \_\_\_\_\_  
 Perkins Loan . . . . . \$ \_\_\_\_\_  
 Sub Loan . . . . . \$ \_\_\_\_\_  
 Unsub Loan . . . . . \$ \_\_\_\_\_  
 Other . . . . . \$ \_\_\_\_\_  
**Total Awards Made** . . . . . \$ \_\_\_\_\_

**PLEASE PROVIDE SCHOOL NAME & ADDRESS  
TO MAIL MOHICAN GRANT AWARD CHECKS:**

**Name of School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**FINANCIAL AID REPRESENTATIVE:**

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**RECOMMENDED MOHICAN GRANT:**

<b>TERM:</b>	<b><u>FALL</u></b>	<b><u>WINTER</u></b>	<b><u>SPRING</u></b>	<b><u>SUMMER</u></b>
<b>MOHICAN GRANT:</b>	\$ _____	\$ _____	\$ _____	\$ _____
<b>DISBURSE CHECK DATES:</b>	_ / _ / _	_ / _ / _	_ / _ / _	_ / _ / _

**COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_