Santo Domingo Tribe –Higher Education
Tribal Needs Analysis / Recommendation

PART A – Students: Complete and submit to the Financial Aid Office at your college/university.

IMPORTANT: All students are required to apply for all forms of financial aid at your college/university in addition to the Santo Domingo Higher Education Program.

Due to higher costs for out-of-state school, students are encouraged to seek admission to their state supported institutions or to institutions where out-of-state tuition is not required.

Name _____ Tribe _____

Address _____

Social Security # _____
Student No: _____ University/College _____

PART B - THIS SECTION TO BE COMPLETED BY THE FINANCIAL AID ADMINISTRATOR/OFFICER

School Year: 20____ - 20____ **Check One:** FR____ SO ____ JR ____ SR ____ **Major:** _____

Financial Aid requested will cover expenses for the period: _____ to _____
Month Year Month Year

School Calendar: Semester _____ Quarters _____ Trimesters _____

The following reflects this student's costs and the financial aid awarded to date:

EXPENSES:		**RESOURCES:**			
Tuition/Fees	$_____	F/PELL	$_____	Veterans Benefits	$_____
Room & Board	$_____	F/SEOG	$_____	Personal/Student	$_____
Books/Supplies	$_____	SSIG	$_____	Parent Contribution	$_____
Transportation	$_____	F/WS	$_____	Scholarship	$_____
Personal	$_____	F/Perkins	$_____	Other _____	$_____
Other	$_____	F/Stafford Loan	$_____	Other _____	$_____
Total Expenses	**$_____**			**Total Resources**	**$_____**

Total Expenses $_____ **-** Total Resources $_____ = **Unmet Need $_____**

I hereby certify that the above individual has applied for and has been considered for both Federal and Institutional aid.

_____ _____
Financial Aid Officer (Print Name) Institution Name and Address

_____ _____ _____
Financial Aid Officer Signature Date Phone #

Financial Aid Administrator please return COMPLETED form to:
Santo Domingo Tribe, Education Office, P. O. Box 160, Santo Domingo Pueblo, NM 87052