



INSTITUTE of AMERICAN INDIAN ARTS

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Financial Aid Office

83 Avan Nu Po Rd.

Santa Fe, NM 87508

Phone: (505)424-5737 • fax: (505)424-0909

School Code 014152

Financial Needs Analysis

PART 1: To Be Completed By Student

Requesting for term(s) of: [] Fall 20 [] Spring 20 [] Summer 20

Agency s Name, Address, City/State/Zip, Fax Number, Phone Number

Student's Name, Address, City/State/Zip, Student ID, Phone Number

I understand that the Financial Needs Analysis (FNA) will only be completed and forwarded to the agency listed above for students who have a completed financial aid file. I authorize the release of the FNA information to the agency I have indicated above.

Signature _____ Date _____

PART 2: To be completed by IAIA Financial Aid Administrator

Aid Period: [] Fall 20 [] Spring 20 [] Summer 20

Table with columns: Expenses Per term / year (circle one), Resources For term(s), Fall, Spring, Summer. Rows include Tuition & Fees, Books/Supplies, Room/Board, Personal, Transportation, Childcare, Miscellaneous, Other, Pell Grant, SEOG/SSIG/NMCAG, Federal Work-study, State Work-study, NM Lottery, Scholarships, Other.

Expected Family Contribution (EFC) \$ _____ For Term(s): Fall Spring Summer

Unmet Need (expenses minus resources) \$ _____ For Term(s): Fall Spring Summer

Student is making satisfactory academic progress: YES NO (If no, see comment area for explanation)

Student is enrolled in _____ credit hours during _____ term.

COMMENTS: _____

Signature _____ Date _____