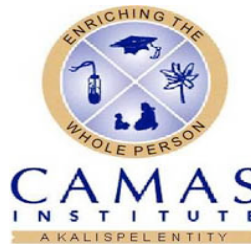


**FINANCIAL NEEDS ANALYSIS**

P.O. Box 39 \*Usk, WA 99180  
 Telephone (509) 445-0700 \* 447-7144 Fax (509) 445-0272



**PART 1: TO BE COMPLETED BY THE STUDENT**

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

County: \_\_\_\_\_

I understand and agree that I must apply for all campus-based aid that I am eligible for to be considered for Camas Path Equity Assurance. I have (or will) submit the necessary forms to my college financial aid office by due date. I authorize the school to release grades, attendance and income information to the Camas Path

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2: TO BE COMPLETED BY THE FINANCIAL AID OFFICE AT THE SCHOOL YOU PLAN TO ATTEND.**

A. Budget Period: \_\_\_\_\_ 200\_\_ to \_\_\_\_\_ 200\_\_, which will begin \_\_\_\_\_ 200\_\_.

B.	Costs of Attendance and (	Parent Contribution	\$ _____	Student Contribution	\$ _____
	Tuition	Pell	_____	Scholarship	_____
	Fees	GSL	_____	Tuition Waiver	_____
	Books	SEOG	_____	Tribal Scholarship	_____
	Housing	SNG	_____		
	Travel	CWS	_____		
	Personal	Other	_____		
	Child Care	Total Resource:	\$ _____		
	Total Cost		\$ _____		

C. Student's Unmet Financial Need is: \$ \_\_\_\_\_

- D.
- 1 Student ( ) has, ( ) has not applied for campus based aid.
  - 2 Student applied \_\_\_\_\_20 \_\_\_\_\_. ( ) complete, ( ) incomplete.
  - 3 Application was submitted: ( ) on time, ( ) late.
  - 4 Student's financial aid package is: ( ) complete, ( ) incomplete.
  - 5 If student is not eligible for campus-based aid, give reason:  
 \_\_\_\_\_  
 \_\_\_\_\_

E. Printed Name of Financial Aid Officer \_\_\_\_\_  
 Signature of Financial Aid Officer: \_\_\_\_\_ Date: \_\_\_\_\_  
 Academic Term of College: ( ) Semester ( ) Quarter ( ) Tri-Semester  
 Phone Number ( ) \_\_\_\_\_  
 College Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## FINANCIAL AID OFFICER, INFORMATION & DIRECTIONS

- Section A. A student may apply once each academic year.  
Section B. Fill in amounts for costs and resources for the student for the period.  
Section C. Yours office's verification of the student's unmet need.  
Section D. Please check off correct responses to questions 1 through 4.  
Section E. Your signature is required on this form. Do not forget to indicate your college's academic term.

**RETURN TO CAMAS INSTITUTE/CAMAS LEARNING CENTER** by September 1, 20\_\_  
for the 20\_\_-20\_\_ academic year. Even if this student's financial aid package is not complete by the end  
August 200\_\_ please provide as much information as possible. See address at the top of the previous page.