

FINANCIAL NEED ANALYSIS (FNA)

Completed by Student:

Student Name: _____ ID#: _____

Are you: _____ An Undergraduate student

Financial Need Analysis (FNA) Request is for: Fall **2009** Spring **2010**

Have you processed a FAFSA (Free Application for Federal Student Aid)?

_____ Y _____ N* * If No, please complete the FAFSA as soon as possible.

I hereby give permission to the University of New Mexico Student Financial Aid Office to release my information on my financial aid status and my academic status to the NSF Scholarship Program at the University of Mexico (UNM).

Student's Signature: _____ Date: _____

Please send my FNA to the following address:

NSF Scholarships
MSC 01 1145/ CEC Building, Room 2080
University of New Mexico
(505) 277-5064 Phone / (505) 277-9676 Fax

Completed by UNM FINANCIAL AID OFFICER/REPRESENTATIVE:

- Student eligible for Financial Aid: Y _____ N _____ Eligible for Pell Grant: Y _____ N _____
- Is student meeting satisfactory academic progress for the current school year? Y _____ N _____
- Student is in default status on Federal Student Loans or other student aid? Y _____ N _____

<u>EXPENSES:</u>	(FY Cost of Attendance-COA)	<u>RESOURCES:</u>		
Tuition/Fees	_____	* Expected Family Contribution (EFC):	_____	CWS/NMWS _____
Room/Board	_____	Student Contribution	_____	Perkins _____
Books/Supplies	_____	Parent Contribution	_____	Direct Sub Loan (s) _____
Transportation	_____	Veteran's Benefits	_____	Direct Unsub Loan(s) _____
Misc./Personal	_____	Federal Pell	_____	Scholarship 1: _____
Child Care	_____	SEOG	_____	Scholarship 2: _____
Other	_____	SSIG/NM3%	_____	Scholarship 3: _____
		Tuition Waiver	_____	Other (Specify) _____
EXPENSES (COA):	_____	(minus)RESOURCES:	_____	(Equals) UNMET NEED: _____
	(TOTAL)			

Certification by Financial Aid Office:

___ I certify that the student has applied and has been considered for both Federal and Campus-Based aid.

___ As of this date the student has not applied for federal financial aid. Therefore, an estimate of expenses has been provided.

___ As of this date the student's file is incomplete. Therefore, we are providing an estimated unmet need for the requested semester(s).

UNM Student Financial Aid Representative Name: _____

Signature: _____ Date: _____

Telephone: _____ E-mail Address: _____

FOR INTERNAL USE ONLY: _____

