

Arctic Education Foundation: Need Sheet/Budget Forecast

Student: Fill out this top portion only and submit it to your school's Financial Aid Office. Please print clearly.

Name _____ SSN _____

Address _____ Date of Birth _____

I give permission for (**university/training institution**) _____
to release financial and academic information to the Arctic Education Foundation.

Signature _____ Date _____

Financial Aid Office: Please complete this form and return it to the Arctic Education Foundation. Please fill Expenses portion even if Other Resources information is unavailable.

Budget Forecast	Expenses	Dates of Attendance:
Tuition	\$ _____	School calendar runs on: <input type="checkbox"/> Semesters # of Semesters _____ <input type="checkbox"/> Quarters # of Quarters _____ <input type="checkbox"/> Other: _____
Fees	\$ _____	
Books	\$ _____	
Room & Board	\$ _____	
Other: (specify) _____	\$ _____	Need cannot be determined because:
_____	\$ _____	
Total Budget:	\$ _____	Student is: <input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time

Other Resources		20_____	20_____	20_____	Total
	Type of Aid	Term:	Term:	Term:	
Grants	Institutional				
	Other Scholarships				
	Pell Grant				
	SEOG				
	Tribal Assistance				
	Tuition Exemption				
	Veteran's Benefits				
	Other (specify)				
Loans	Alaska Student Loan				
	Perkins Loan				
	Guaranteed Student				
Personal	AFDC or Welfare				
	Parent/Spouse				
	Student Contribution				
	Work Study Program				
	Other (Specify)				

Address or Stamp:	Total Resources:	
	Unmet Need:	
	Phone _____	
FAO Signature _____	Fax _____	
FAO Name _____	Date _____	

FAO: Please email to: msage@asrc.com OR fax: 907-852-2774 OR mail: AEF, PO Box 129, Barrow, AK 99723