## NEEDS ANALYSIS SUMMARY

## (NAS) 2021-2022

**1) THIS BOX TO BE FILLED OUT AND SIGN BY STUDENT**

|  |  |
| --- | --- |
| Print Student Name |  |
| Student Soc. Sec. # or College ID # |  |
| Student Mailing Address |  |
| I Hereby authorized (name of College/University) |  |
| To Release to the Confederated Tribes of Warm Springs, Higher Education, Warm Springs, OR 97761, information that may be requested, including grants, scholarships, tuition waiver, grade reports, official transcripts of my academic record, financial information, and other information deemed necessary for the **2021-2022** school year. |
| Student Signature:  | Date:  |

**2) THIS SECTION TO BE COMPLETED BY FINANICAL AID OFFICE**

|  |  |  |
| --- | --- | --- |
| **COST OF ATTENDANCE** |  |  |
| Tuition | $ | Pell Grant | $ |
| Fees | $ | Oregon Opportunity | $ |
| Books | $ | State Need Grant | $ |
| Room/Dorms/area | $ | Athletic scholarship | $ |
| Meals | $ | Tuition Waiver | $ |
| Transportation | $ | Scholarship | $ |
| Personal | $ | Scholarship | $ |
| Misc | $ | Scholarship | $ |

Comments:

|  |  |  |  |
| --- | --- | --- | --- |
| College |  | Address |  |
| City, State, Zip: |  | Website address |  |
| Phone # |  | Fax # |  |
| Signature & Title |  | Date |  |

**3) Financial Aid Officer after completing return to:**

Carroll Dick, Higher Education Services

1110 Wasco Street, PO Box C, Warm Springs, OR 97761

 Phone: (541) 553-3311 Fax: (541) 553-2203 or email to carroll.dick@wstribes.org