

**COQUILLE INDIAN TRIBE ~ Education Department**

495 Miluk Dr, Coos Bay, OR 97420  
Tel: 541-756-0904 FAX: 541-888-2418

**Higher Education-Financial Needs Analysis**

Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

School: \_\_\_\_\_ Academic year: \_\_\_\_\_

Terms to be funded:  Summer  Fall  Winter  Spring

Term system:  Quarters  Semesters

I will be attending:  Full time (12+ credits)  Half time (6 credits)

Type of program:  2-Yr Community College  4-Yr University/College

**Student Budget**

Tuition & Fees \_\_\_\_\_

Transportation \_\_\_\_\_

Room & Board \_\_\_\_\_

Personal Expenses \_\_\_\_\_

Books & Supplies \_\_\_\_\_

Other \_\_\_\_\_

Childcare \_\_\_\_\_

**Total** \_\_\_\_\_

**Student Resources**

Student Contribution \_\_\_\_\_

Pell Grant \_\_\_\_\_

Parent Contribution \_\_\_\_\_

SEOG \_\_\_\_\_

Spouse Contribution \_\_\_\_\_

State Need Grant \_\_\_\_\_

Social Security \_\_\_\_\_

Work Study \_\_\_\_\_

Veteran's Benefits \_\_\_\_\_

Scholarships \_\_\_\_\_

Other Tribal Grant – University F/T (\$9000/academic year)

Community College F/T (\$7500/ academic year) Loans \_\_\_\_\_

Tuition Waiver \_\_\_\_\_

**Total** \_\_\_\_\_

**Unmet Need (Budget – Resources)** \_\_\_\_\_

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature, Financial Aid Officer