



Central New Mexico Community College

Financial Aid and Scholarship Services

Student Services Center

525 Buena Vista SE

Albuquerque, NM 87106

phone (505) 224-3090 · fax (505) 224-3124

cnm.edu

Financial Needs Analysis

to be completed by student

Agency Name	<u>Pueblo of Isleta Higher Education</u>	Student Name	_____
Address	<u>PO BOX 1270</u>	ID Number	_____
City State Zip	<u>Isleta, NM 87022</u>	Address	_____
Phone	<u>(505) 869-9790</u>	City State Zip	_____
Fax	<u>(505) 869-7573</u>	Phone	_____

Requesting for Award Year 20 ____ / 20 ____ Fall 20 ____ Spring 20 ____ Summer 20 ____

Currently paying for dependent care No Yes *If yes, you need to complete a 'Child/Dependent Care Expense Form' before submitting an FNA. These expenses could change your financial aid budget and the amount of your awards.*

I understand that this form can only be completed and forwarded to the agency after my financial aid file has been completed and packaged. I authorize the release of financial aid information to the agency I have indicated above.

Student Signature _____ **Date** _____

to be completed by CNM Financial Aid and Scholarship Services

Expenses and Resources for 20 ____ / 20 ____ Fall 20 ____ Spring 20 ____ Summer 20 ____

Expenses

	<i>Fall</i>	<i>Spring</i>	<i>Summer</i>
Tuition & Fees	\$ _____	\$ _____	\$ _____
Books/Supplies	\$ _____	\$ _____	\$ _____
Room & Board	\$ _____	\$ _____	\$ _____
Transportation	\$ _____	\$ _____	\$ _____
Personal	\$ _____	\$ _____	\$ _____
Childcare	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Resources

	<i>Fall</i>	<i>Spring</i>	<i>Summer</i>
Pell Grant	\$ _____	\$ _____	\$ _____
SEOG / SSIG / NMCAG	\$ _____	\$ _____	\$ _____
Work Study <input type="checkbox"/> Fed <input type="checkbox"/> State	\$ _____	\$ _____	\$ _____
CNM Scholarships	\$ _____	\$ _____	\$ _____
Loans Sub	\$ _____	\$ _____	\$ _____
Loans Unsub	\$ _____	\$ _____	\$ _____
NASF/Other	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Unmet Need (Total Expenses per term minus Total Resources by term) \$ _____ *Fall* \$ _____ *Spring* \$ _____ *Summer*

Budget Group Independent / Dependent with / without rental expenses with / without childcare expenses **Expected Family Contribution (EFC)** \$ _____
Current Enrollment Term Fall Spring Summer Credits _____

Meeting Satisfactory Academic Progress (SAP) Yes No MTF (see comments)

Comments: _____

Prepared by: Luis A. Villa - lvilla4@cnm.edu Phone (505) 224-3140 Fax (505) 224-3124

Preparer's Signature _____ **Date** _____