



SAN JUAN COLLEGE

Financial Aid

School Code #022660

4601 College Blvd., Farmington, NM 87402

Phone: (505) 566-3086 Fax No.: (505) 566-3593

FINANCIAL NEED ANALYSIS

Student's Name: _____

Mailing Address: _____

Student ID or SSN #: _____ Major _____

Class Level Freshman _____ Sophomore _____ Year _____ Semester _____

Enrollment Status for Term: Full-time _____ Three quarter- time _____ Half-time _____ Less than half-time _____

Submit to : _____

FAX NUMBER: _____

By signing this document, I hereby authorize and allow the financial aid office to release my financial aid information to the institution listed above.

SIGNATURE _____

DATE _____

****To be completed by Financial Aid Office****

Expended Family Contribution (EFC): _____

Expenses:

Tuition/Fees _____

Room/Board _____

Books/Supplies _____

Transportation _____

Personal _____

Child Care _____

Miscellaneous _____

Total Expenses _____

Resources:

Pell Grant _____

SEOG/SSIG/SCAG _____

Work Study _____

Loans _____

Tribal Scholarships _____

SJC Foundation _____

Other (specify) _____

Total Resources _____

Student's Need Recommended for Scholarship/Financial Assistance: _____

Month, Year _____ To Month, Year _____

San Juan College
Institution

Signature of Financial Aid Advisor

Date

Advisor _____