



Bishop Paiute Tribe Financial Needs Analysis Form

Academic Year: 2024-2025

Part A – To be completed by applicant

Student ID #: _____

Name: _____

SSN: _____

Address: _____ Telephone: _____

Email: _____

Student Resides: On Campus Off Campus With Parents

Other: _____

Marital Status: Single Married Divorced Separated

Number of Dependents: _____
(Based on FAFSA Application)

Part B – To be completed by FINANCIAL AID OFFICER

The student above has applied for a Bishop Paiute Tribe / BIA Scholarship. The student is required to apply for college related aid: Pell Grant, state grants and all other funding sources that are available. Verified financial needs information is required through your office before the Bishop Paiute Scholarship Committee can proceed with this application. Thank you for your assistance.

College/ Vocational Major: _____ Student Status: Full-time Part-time Credit hours: _____

Class Standing: Freshman Sophomore Junior Senior Graduate Vocational

Student is considered: Dependent Independent

Budget: To be completed by FINANCIAL AID OFFICER

Estimated Cost:

Tuition/Fees:	\$ _____
Room/Board	\$ _____
Books/Supplies	\$ _____
Transportation	\$ _____
Personal Child Care	\$ _____
Other: _____	\$ _____
TOTAL EXPENSES:	\$ _____

Pell Grant:	\$ _____	\$ _____
WS:	\$ _____	\$ _____
GSL:	\$ _____	\$ _____
Perkins Loan:	\$ _____	\$ _____
Cal Grant:	\$ _____	\$ _____
SEOG:	\$ _____	\$ _____
EOP&S:	\$ _____	\$ _____
VA:	\$ _____	\$ _____
BEOG:	\$ _____	\$ _____
BOG Waiver:	\$ _____	\$ _____
Personal:	\$ _____	\$ _____
Family:	\$ _____	\$ _____
Other:	\$ _____	\$ _____
TOTAL RESOURCES:	\$ _____	\$ _____

I certify that the above information to be in accordance with the established rules and regulations for determining financial need and resources as ordered by existing Federal Manuals and the institution administering Federal and State Aid Programs.

College Name: _____

Telephone: _____

Address: _____
Street City State Zip Code

I accept this Financial Aid Package as shown and give my permission for the Financial Aid Officer to release any information to the Bishop Paiute Scholarship Committee and personnel. I understand and agree that the funds granted to me by the Bishop Paiute Tribe can only be used toward educational expenses. I agree to comply with the following conditions:

1. I will notify the Financial Aid Officer and the Bishop Paiute Scholarship Committee and/or the College and Career Counselor, if I withdraw from school at any time during the current academic year.
2. I will return my unused portion of my Scholarship to the Bishop Paiute Tribe upon withdrawal from school.
3. I will maintain "Full-Time" and/or "Part-time" status as determined by the school I am attending with a grade point average of not less than 2.0 for each grading period. Failure to do so will be cause for termination of my Bishop Paiute Tribe/BIA Scholarship.
4. I will adhere to the terms in the signed Student Agreement.

If necessary to reapply for the Bishop Paiute Tribe and BIA Scholarship Program each academic year or when transferring to a different school. I authorize the school to release grades, financial information and class schedules to the Bishop Indian Education Center and its personnel.

The Financial Needs Analysis form needs to be completed and sent directly from the school to the: **Bishop Indian Education Center ATTN: Tamia Shoshone, College and Career Counselor 50 Tu Su Lane, Bishop, CA 93514, or emailed to tamia.shoshone@bishoppaiute.org, or faxed to (760) 873-4738.**

Name of Financial Aid Officer Signature Telephone Date

Name of Student Signature Telephone Date