

**DETERMINATION OF FINANCIAL NEED**

**Student Name:** \_\_\_\_\_ **UFID#** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_

**Major or Academic Discipline:** \_\_\_\_\_

**Please provide a list of your expenses for the academic year:**

<b>Tuition/Fees</b>	\$ _____
<b>Books/Supplies</b>	\$ _____
<b>Rent/Utilities</b>	\$ _____
<b>Food</b>	\$ _____
<b>Transportation</b>	\$ _____
<b>Computer/Cell Phone</b>	\$ _____
<b>Personal</b>	\$ _____
<b>Miscellaneous (please list)</b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Total Expenses \$** \_\_\_\_\_

**Please provide a list of your financial resources for the academic year:**

<b>Work</b>	\$ _____
<b>Assistantship</b>	\$ _____
<b>Fellowship</b>	\$ _____
<b>Tuition and/or Fee Waiver</b>	\$ _____
<b>Spouse Work</b>	\$ _____
<b>Savings</b>	\$ _____
<b>Family</b>	\$ _____
<b>Government Sponsorship</b>	\$ _____
<b>Scholarships</b>	\$ _____
<b>Grants</b>	\$ _____
<b>Student Loans</b>	\$ _____
<b>Other Resources (please list)</b>	
_____	\$ _____
_____	\$ _____

**(list total for all scholarships)**

**Total Resources \$** \_\_\_\_\_