MILLE LACS BAND SCHOLARSHIP PROGRAM

HIGHER EDUCATION-Student Budget Report

Phone: (866) 916-5282 Mail to: 43408 Oodena Dr., Onamia, Minnesota 56359 **Fax (320) 495-3707**

Last Name | First Name | Middle Name | Social Security Number | Today's Date

APPLICANT: DO NOT WRITE BELOW THIS LINE. HAVE YOUR FINANCIAL AID OFFICE COMPLETE AND RETURN TO THE MLBSP OFFICE

CHECK ONE: ☐Pre-Budget (prior to start) ☐Budget Revision (during AY) ☐Post-Budget (year-end) ☐Summer Funding

CURRENT STATUS: ☐Freshman ☐Sophomore ☐Junior ☐Senior ☐Grad Student

ACADEMIC YEAR: _____ A.Y. BREAKDOWN: ☐Semester ☐Quarter ☐Trimester ☐Other: _____

INSTITUTION NAME AND ADDRESS: _____

INSTITUTION TYPE: ☐Vocational/Technical Training ☐2-year College ☐4-year College/University ☐Graduate School

STUDENT ATTENDING: ☐Part-time ☐Full-time FOR BUDGET PERIOD OF _____ TO _____

RESOURCES: Spouse Contribution: $_____ Student Contribution: $_____
Parent Contribution: $_____ TANF/AFDC/etc.: $_____ TOTAL
Veteran's Benefits: $_____ Vocational Rehab: $_____ RESOURCES
Other (please specify):$_____

	SSII	FALL	WINTER	SPRING	SSI	TOTAL
Start Dates:						
ASSESSED NEED						
FEDERAL PELL GRANT……						
FEDERAL SEOG GRANT……..						
STATE GRANT……						
INSTITUTIONAL GRANT…….						
STUDENT INCENTIVE GRANT						
FEDERAL STAFFORD……						
FEDERAL SLS……						
FEDERAL PERKINS……						
PLUS LOANS……						
INSTITUTIONAL LOANS…….						
WORK STUDY……						
TUITION WAIVER…….						
OTHER……						
OTHER…….						
OTHER……						
UNMET NEED……						

SIGNATURE: _____ _____ _____

College or Vocational School Financial Aid Officer | Phone | Date