

ROBERT 'AQQALUK' NEWLIN, SR. Memorial Trust

P.O. Box 509 Kotzebue, AK 99752
(907) 442-1607 / Fax (907) 442-2289

FINANCIAL AID PACKAGE / NEED SHEET

Student's Name _____ Maiden Name _____
 Student's Address _____ Social Security Number _____
 College/University _____ Phone Number _____ Birthdate _____
 Mailing Address _____ Native Corp (s) to which you are enrolled: _____
 Have you been accepted for admission? Yes No (if not, please notify this office as soon as you have been accepted.)
 My class will be: Freshman Sophomore Junior Senior Graduation Date _____
 I have earned _____ credits to date. I plan to enroll for _____ credits this term. My major is: _____
 I am Single Married Divorced Separated Widow
 Name of Spouse _____ Number & Ages of Dependents _____
 Forecast for term beginning _____ and ending _____

COLLEGE OR UNIVERSITY BUDGET:

COMMENTS

Tuition..... _____ Student has not yet applied for financial aid. Need cannot be determined.

Fees..... _____ Student applied late. Won't be considered for funding.

Room..... _____ Student's application is incomplete and cannot be considered.

Dorm _____ Off of Campus _____ or Other (Specify) _____ Funds exhausted at institution.

Board..... _____

Books..... _____

Other (specify)..... _____

..... _____

..... _____

TOTAL BUDGET.....\$ _____

I give _____
 Permission to release the information in my financial and Academic files to the Aqqaluk Trust.

 Student Signature Date

STUDENT RESOURCES AND INSTITUTION AWARDS:

Starting Date:	2021	2022	2022	2022	TOTAL
TYPE OF AID:	WINTER	SPRING	SUMMER	SUMMER	TOTAL
AFDC or Welfare					
State Student Loan					
College Scholarship					
College Work Study Program					
National Direct Student Loan					
PELL Grant					
Parent/Spouse Contribution					
Supplemental Education Opportunity Grants					
Social Security					
Students Contribution					
Tribal Scholarship					
Tuition Exemption					
Veterans Benefits					
Other (Specify)					
Other (Native Corporations)					

Total Resources: \$ _____
 Unmet Need: \$ _____

Financial Aid Officer Signature _____ Date _____

Phone Number _____ Address _____