

DETERMINATION OF FINANCIAL NEED FOR LAS FLAS FELLOWSHIPS

Student Name: _____ **UFID#** _____

Local Address: _____

Permanent Address: _____

Program in which student is enrolled: _____

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

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

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

Work	\$ _____	
Assistantship	\$ _____	
Fellowship	\$ _____	
Tuition and/or Fee Waiver	\$ _____	
Spouse Work	\$ _____	
Savings	\$ _____	
Family	\$ _____	
Government Sponsorship	\$ _____	
Scholarships	\$ _____	(list total for all scholarships)
Grants	\$ _____	
Student Loans	\$ _____	
Other Resources (please list)		
_____	\$ _____	
_____	\$ _____	
		Total Resources \$ _____

Please attach a separate page describing in detail any additional circumstances you believe would qualify you as financially "needy".

Return this form by _____ **To** _____