

Student Financial Need Assessment Questionnaire

Please complete this questionnaire to assist in determining your financial need for the upcoming academic year. This printed document will be used for manual assessment.

1. Personal Information

Full Name:	<input type="text"/>
Student ID Number:	<input type="text"/>
Email Address:	<input type="text"/>
Phone Number:	<input type="text"/>
Current Program/Major:	<input type="text"/>
Year of Study (e.g., 1st, 2nd, 3rd):	<input type="text"/>
Enrollment Status (Full-time / Part-time):	<input type="text"/>

2. Estimated Academic Expenses (Per Academic Year)

Tuition and Fees:	\$	<input type="text"/>
Books and Supplies:	\$	<input type="text"/>
Housing and Food:	\$	<input type="text"/>
Transportation:	\$	<input type="text"/>
Personal/Miscellaneous Expenses:	\$	<input type="text"/>
Total Estimated Expenses:	\$	<input type="text"/>

3. Estimated Financial Resources (Per Academic Year)

Personal Savings:	\$	<input type="text"/>
Expected Family Contribution:	\$	<input type="text"/>
Scholarships, Grants, or Bursaries:	\$	<input type="text"/>
Expected Part-Time Employment Income:	\$	<input type="text"/>
Other Financial Assistance:	\$	<input type="text"/>
Total Estimated Resources:	\$	<input type="text"/>

4. Financial Need Summary

Calculated Financial Need (Total Expenses minus Total Resources): \$

5. Additional Context

Please briefly describe any exceptional circumstances (e.g., medical expenses, family changes) that impact your financial situation:

<input type="text"/>
<input type="text"/>
<input type="text"/>

6. Declaration and Signature

I hereby certify that the information provided on this questionnaire is true, accurate, and complete to the best of my knowledge.

Student Signature: Date: