Sul Ross State University Project *Expanding Graduate Horizons*
Graduate Student Fellowship
Financial Need Analysis

Complete the top portion of this form and attach it to your application. **DO NOT** submit this form to the Office of Financial Aid.

Permission to Release Financial Information (to be completed by the student)

Name _____ _____SRSU ID_____
First MI Last

Address_____

Phone_____E-Mail Address_____

I, the undersigned, authorize the exchange of information between the *Project Expanding Graduate Horizons* Graduate Student Fellowship Committee and the Financial Aid Office regarding my financial status for purposes of determining my eligibility to receive the Graduate Student Fellowship.

Signature _____ Date _____

Assessed Student Need (to be completed by the Office of Financial Aid)

College Budget		Resources		Campus Based & Other Aid	
Tuition	$_____	Parent Contribution	$_____	SEOG	$_____
Fees	$_____	Student Contribution	$_____	PELL	$_____
Books/supplies	$_____	Veteran's Benefits	$_____	PERKINS	$_____
Room	$_____	AFDC/Welfare	$_____	CWS	$_____
Board	$_____	Social Security	$_____	SUG	$_____
Transportation	$_____	State Funding	$_____	EOP	$_____
Personal	$_____	Voc Rehab	$_____	SSL	$_____
Child Care	$_____	Other	$_____	CAL A/B	$_____
Other	$_____			Other	$_____
TOTAL	$_____	TOTAL	$_____	TOTAL	$_____

Financial Aid Officer:_____Date:_____
Signature

Accuracy of Information: State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you.