

## FINANCIAL NEED DEMONSTRATION FORM for Greater than 1-year Programs

<b>Your Name:</b> _____ <b>Name of School:</b> _____	<b>More than 1-year Programs</b> (ex. 2-year or 4-year degree programs)
<b>COST OF ATTENDANCE for the Entire Year</b>	
Tuition & Fees	
Room & Board	
Textbooks & General School Supplies	
Program-Specific School Supplies (ex. scrub or additional lab fee)	
Transportation	
Licensing & Certification Fees	
Health Insurance if not covered by Medicaid	
Other School-Related Financial Needs, including daycare and/or other miscellaneous educational expenses	
Education Loan Repayment (2nd credential seekers ONLY)	
<b>TOTAL COST</b>	
<b>FINANCIAL AID AWARDED</b>	
College Opportunity Fund (COF)* Only if not already deducted from tuition & fees	
Pell Grant(s) if applicable	
Private Scholarship if applicable	
Other Scholarships if applicable	
Work Study/Student Employment if applicable	
<b>TOTAL FINANCIAL AID</b>	
<b>Parent savings &amp; contributions (ONLY if applicable)</b>	
<b>My contributions (e.g., my wage if enrolled less than half-time)</b>	
<b>WIOA Eligible Programs (Federal Workforce) if applicable</b>	
<b>Total Contributions</b>	
<b>UNMET Financial Need:</b> Total Cost - (Total Financial Aid + Contributions)	