

FINANCIAL NEED DEMONSTRATION FORM - Programs of 1-Year or Less

Your Name:	Expected Program Start Date:
Name of School:	Certificate or Boot Camp Program less than 1 year
COST OF ATTENDANCE	
HINT: Enter the cost of attendance according to the length of program.	
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)	
TOTAL COST	
FINANCIAL AID AWARDED	
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	
TOTAL FINANCIAL AID	
Parent savings & contributions (ONLY if applicable)	
My contributions (e.g., my wage if enrolled less than half-time)	
WIOA Eligible Programs (Federal Workforce) if applicable	
Total Contributions	
UNMET Financial Need: Total Cost - (Total Financial Aid + Contributions)	