



Fond du Lac Tribal Scholarship Budget Sheet: PART II, Sections A, B, C.

A: Student Completes B: Financial Aid Office Completes

C: RED AREAS FdL Scholarship Director Completes

SECTION A

Student _____ SS# _____ In State Out State

Institution / School _____ Full Time Part Time

(Name and Address) _____ Academic Year: _____

Academic Calendar: Quarters Trimesters Semesters Weekend Schedule Online Revision

SECTION B

Academic Terms	FALL	WINTER	SPRING	SUMMER	TOTAL
Start Dates					
Number of Credits					

1. SCHOOL COSTS

Tuition/Fees:					
Books/Supplies:					
Room/Board:					
Transportation:					
Personal exp:					
Total:					

SECTION C

To be completed by FdL Scholarship Director:

FdL Allowable costs: _____

SECTION B

2. RESOURCES

Student Contribution:					
Parent Contribution:					
Other:					

3. FINANCIAL AID

Pell Grant:					
SEOG:					
MN State Grant:					
MN Indian Scholarship:					
College Gift Aid:					
Stafford Loan (Sub):					
Stafford Loan (UnSub):					
Perkins Loan:					
Plus Loan:					
Other:					

4. BALANCE

Unmet Need: _____

(Amount to be recommended to the Fond du Lac Tribal Scholarship Program)

Financial Aid Director/Staff _____

Date: _____

Phone: _____

Email: _____

SECTION C

5. FdL SCHOLARSHIP APPROVED:

Amount: _____

FdL Scholarship Director/Staff _____

Date: _____

218-878-2633

Phone: _____