

FINANCIAL NEED ASSESSMENT & DOCUMENTATION FORM

FINANCIAL AID OFFICE VERIFICATION OF FAMILY INCOME

I AUTHORIZE THE STUDENT FINANCIAL AID OFFICE AT _____ TO RELEASE
name of school
 INCOME TAX INFORMATION, NEED ANALYSIS AND VARIOUS FINANCIAL AID INFORMATION TO THE RONALD MCNAIR
 POST BACCALAUREATE ACHIEVEMENT PROGRAM AT THE UNIVERSITY OF TENNESSEE-KNOXVILLE.

 Print Student's Name

 Date

 Student's Signature

 Social Security Number

(INFORMATION BELOW TO BE PROVIDED BY YOUR OFFICE OF FINANCIAL AID)

<u>Award</u>	<u>Amount</u>
PELL	\$ _____
STAFFORD LOAN.....	\$ _____
PERKINS LOAN.....	\$ _____
EMPLOYEE TUITION FEE WAIVER.....	\$ _____
SEOG.....	\$ _____
CWS	\$ _____
STATE SCHOLARSHIP.....	\$ _____
JTPA	\$ _____
STATE BASED LOANS	\$ _____
OTHER (SPECIFY)	\$ _____
OTHER (SPECIFY)	\$ _____
TOTAL AWARD	\$ _____
The total established need for this student is	\$ _____

The official confidential statement housed in the Financial Aid Office shows the **taxable family annual income** (taken from line 40 of the 1040 tax form) and family size for the above named student to be

\$ _____ and _____, respectively.
taxable income family size

**IMPORTANT
INFORMATION**

 Printed Name of Financial Aid Official

 Signature of Financial Aid Official

 Phone Number

 Date Completed

provide office stamp here

FOR OFFICE USE ONLY

Yes (F)
 No (NF)
 Insufficient Information

 Signature

 Date

Return to:
 Ronald McNair Program
 University of Tennessee, Knoxville
 201 Aconda Court
 Knoxville, TN 37996
 (865) 974-7900
 (865)974-7903 fax