



Central New Mexico Community College

Financial Aid and Scholarship Services

Student Services Center

525 Buena Vista SE

Albuquerque, NM 87106

phone (505) 224-3140 · fax (505) 224-3124

cnm.edu

Financial Needs Analysis

to be completed by student

Agency Name	_____	Student Name	_____
Address	_____	ID Number	_____
City State Zip	_____	Address	_____
Phone	_____	City State Zip	_____
Fax	_____	Phone	_____
Agency Email	_____	CNM Email	_____

Requesting for Award Year 20 ____ / 20 ____ Fall 20 ____ Spring 20 ____ Summer 20 ____

I understand that this form can only be completed and forwarded to the agency after my financial aid file has been completed and packaged. I authorize the release of financial aid information to the agency I have indicated above.

Student Signature	_____	Date	_____
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to be completed by CNM Financial Aid and Scholarship Services

Expenses and Resources for 20 ____ / 20 ____ Fall 20 ____ Spring 20 ____ Summer 20 ____

Expenses

Tuition & Fees	\$ _____
Books/Supplies	\$ _____
Room & Board	\$ _____
Personal	\$ _____
Transportation	\$ _____
Childcare	\$ _____
Total Expenses	\$ _____

Resources

Pell Grant	\$ _____
SEOG / SSIG / NMCAG	\$ _____
Work Study	\$ _____
CNM Scholarships	\$ _____
Loans Sub / Unsub	\$ _____
NASF / Other	\$ _____
Total Resources	\$ _____

***Note: Expense amounts are as of date completed and are subject to change.**

Expected Family Contribution \$ _____

Unmet Need \$ _____

(Total Expenses minus Total Resources and EFC)

Current Enrollment

Fall ____ Spring ____ Summer ____

Meeting Satisfactory Academic Progress (SAP)

- Yes | On Warning (eligible for aid)
- Approved Appeal (eligible for aid)
- Suspended (not eligible for aid)

Comments: _____

Preparer's Signature _____ Date _____

Prepared by: Gerald Romero Phone (505) 224-3140 - Fax (505) 224-3124 - scholarships@cnm.edu

11/13/2018