

DETERMINATION OF FINANCIAL NEED

FOR LAS FLAS FELLOWSHIP APPLICANTS

Student Name:

UFID:

Local Address:

Permanent Address:

Academic Program:

Degree (MA, BA, PhD):

Please provide a list of your expected expenses for the academic year:

Tuition/Fees	\$
Books/Supplies	\$
Rent/Utilities	\$
Food	\$
Transportation	\$
Computer/Cell Phone	\$
Miscellaneous (<i>please list</i>):	
	\$
	Total Expenses \$

Please provide a list of your financial resources for the academic year:

Work	\$
Assistantship	\$
Fellowship	\$
Tuition and/or Fee Waiver	\$
Spouse Work	\$
Savings	\$
Family	\$
Scholarships	\$
Grants	\$
Student Loans	\$
Other Resources (<i>please list</i>):	
	\$
	Total Resources \$

Please attach a separate page describing in detail any additional circumstances you believe would qualify you as financially "needy".