

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 (*please list*):

\$

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 (*please list*):

\$

Total Resources \$

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

Revised : October 30, 2024

