



GENERAL NEED ANALYSIS REQUEST FORM

The University of Kansas
Office of Student Financial Aid
www.financialaid.ku.edu

Strong Hall
1450 Jayhawk Blvd., Room 50
Lawrence, KS 66045-7535

Phone: 785-864-4700
Fax: 785-864-5469
Email: financialaid@ku.edu

Request must be submitted two weeks prior to the scholarship application deadline. Last minute requests may result in the form not arriving to the donor by the scholarship application deadline.

Student Information:

First Name

Last Name

MI

KUID Number

Address

City

State

ZIP

Phone

E-mail Address

Term Information (check one below):

- Summer 20____ Fall 20____ only Spring 20____ only Fall 20____ & Spring 20____

Application Information:

- I have a complete FAFSA processed by KU and have accepted any offered financial aid for the term(s) indicated above.
- I have attached a copy of the scholarship/grant application for which a need analysis is required.
- I have not completed a FAFSA for the term(s) indicated above.

NOTE: Failure to have a complete financial aid file may delay the processing of your need analysis. If your financial aid file is not complete, the information provided will be estimated figures based on the current academic year.

Donor Information:

(NOTE: The original copy of the needs analysis will be sent to the donor and a copy will be maintained as a part of your permanent financial aid record).

Donor Name

Donor Address

Donor Fax Number

I authorize the Office of Student Financial Aid to release my financial need information, scholarship application, and supporting documents to the donor at the address listed above. I verify that all of the information on this form is true and complete.

Student Signature

Date