

**Financial Need Worksheet**

The information contained in this document will pertain to the Academic year you are applying for the High Impact Practice. This Worksheet is intended to aid the committee in determining your level of need for the High Impact Practices applications, please complete all information to the best of your knowledge and do not leave any question on this worksheet blank. If the answer is “zero” or “does not apply”, write “0” or “n/a”.

Student’s Name \_\_\_\_\_ ID \_\_\_\_\_

**Students** – Please complete this worksheet with information for all members of your parents’ household, including you.

Write the names of all household members, if you need more space, attach a separate page.

Full Name	Age	Relationship	College
		Self	College of Idaho

Did anyone in your household receive ANY income from working or receive ANY cash gift(s)?

No

Yes, please list the monthly amount received and the number of months you received the income/gift;

*(Please complete using amounts in U.S. dollars.)*

Person receiving Income/Gift	Employer or Source of Gift	Monthly Amount	Months
<i>EXAMPLE: Self</i>	<i>The XYZ Company</i>	<i>\$ 875</i>	<i>12</i>
		\$	
		\$	
		\$	
		\$	

Did anyone in your household receive ANY form of state, local, or federal assistance in 2015? *EXAMPLES:* Unemployment Benefit, Social Security Benefit, SNAP (Food Stamps), WIC, child support, TANF (Public Assistance), Section 8 (HUD) housing, medical, or daycare assistance.

No

Yes, please list the monthly amount received and the number of months you received the assistance;

*(Please complete using amounts in U.S. dollars.)*

Assistance Program	Monthly Amount	Months
<i>EXAMPLE: Unemployment Benefit</i>	<i>\$ 300</i>	<i>8</i>
	\$	
	\$	
	\$	
	\$	

Did you/your family live with a relative, friend, or other person rent-free?  Yes  No

b) If yes, will you/your family continue to live with a relative, friend, or other person rent-free?  Yes  No

Did a relative, friend, or other person provide food/groceries to you/your family free-of-charge?  Yes  No

a) If yes, will your relative/friend/other person continue to provide food/groceries to you/your family? [ ] Yes [ ] No

If you answered "No" to either #3a or #4a above, please indicate who provided you/your family with the basic living expenses listed below.

Expense	Provided by:	Monthly Amount	Months
<i>Example: Housing</i>	<i>Aunt Claudine</i>	\$ 500	6
Food		\$	
Housing		\$	
Utilities		\$	
Transportation		\$	
Personal/Other		\$	

Student source of funds, assured for the year of the applied High Impact Program.  
(Please complete using amounts in U.S. dollars.)

Funds	Provided by:	Amount
<i>Example: Family Funds</i>	<i>Aunt Claudine</i>	\$ 500
Personal Funds		\$
Parent, Guardian or Family Funds/income		\$
Private Sponsor		\$
Organization or Government Sponsor		\$

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE