



Financial Aid Office
 Aber Hall, 5th Floor
 Missoula, MT 59812-1254
 Phone: (406) 243-5373
 faid@mso.umt.edu

Financial Needs Analysis

STUDENT SECTION:

Name: _____ UM ID#: 790 - _____

Email Address: _____ Phone #: _____

Class (circle one): Freshman / Sophomore / Junior / Senior / Graduate / Law **Credits:** 1-5 / 6-8 / 9-11 / Full-Time

Academic Year: 2024-2025 **Term:** Full Year / Autumn / Spring / Summer

Consent To Release: Please complete the Consent To Release Form. Copies are available in the Financial Aid Office (Aber Hall, 5th floor) or www.umt.edu/financialaid click on FORMS to print. If a release is not on file, we will email the form back to the student's official UM email address.

Name of Entity: _____

FINANCIAL AID OFFICE USE ONLY

Budget Period _____ TO _____ Classed Begin on _____
MM/YYYY MM/YYYY

Expenses (COA) Cost of Attendance

Student Resources

Books/Supplies _____	Parent Contribution _____	Pell Grant _____
Food _____	Student Contribution _____	SEOG _____
Childcare _____	Veteran's Benefits _____	CWS _____
Fees _____	Vocational Rehab _____	Other _____
Loan Fees _____	Social Security _____	
Personal/Misc. _____	Tuition Waiver _____	Tribal/HE _____
Housing _____	UM Scholarships _____	Other _____
Transportation _____	Stipends _____	
Tuition _____		
Other _____		

Total Expenses: _____ **Total Resources:** _____

Student's Unmet Need: _____

Financial Aid Officer _____	Comments:
Title: _____	
Signature: _____	
Date: _____	

FNA: *New* *Revised*

Mail Check to: University of Montana, Student Accounts, 32 Campus Drive, Missoula, MT 59812

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