

2026 - 2027 Financial Need Evaluation Form (Use for PAU Scholarship Application ONLY)

Student Name: _____ Student ID Number: _____

This form contains sensitive information and is only for use by the Office of Financial Aid. Please return this form only to Financial Aid.

A. Current US County/State of Residence

County: _____ State: _____

B. Family Size

Family Size – Includes the following:

- The student,
- The student's spouse or partner, if applicable,
- The student's dependent children if the following are true:
 - They live with the student (or live apart due to college enrollment),
 - They receive more than half of their support from the student, and
 - They will continue to receive more than 50.1% of their support from the student during the award year - August 2026 through July 2027.
- Other persons if ALL the following are true:
 - They live with the student.
 - They receive more than half of their support from the student.
 - They will continue to receive more than 50.1% of their support from the student during the award year - August 2026 through July 2027.

<i>Full Name</i>	<i>Age</i>	<i>Relationship</i>
		<i>Self/Student</i>

C. Sources of Support

Estimate the type, source and value of support you will receive from August 1, 2026, through July 31, 2027. Support includes money paid to you directly; money paid on your behalf for educational expenses, rent, food, etc.; as well as living space provided free of charge. Examples of how cost might be covered: Employment, family members, financial aid, partner/spouse, roommate split, savings, 529 or other college account, GI Benefits, etc.

Do not leave this section blank.

	Monthly Cost	How the Cost Will Be Covered
Rent or Mortgage	\$	
Food	\$	
Personal Expenses	\$	
Cell Phone	\$	
Cable/Internet	\$	
Electric/Gas/Water	\$	
Household Supplies	\$	
Gasoline and Auto Maintenance	\$	
Public Transportation	\$	
Medical/Health Expenses	\$	
Auto Insurance	\$	
Educational Costs (includes books and miscellaneous educational expenses)	\$	
Other	\$	
Total Cost:	\$	

D. Do you receive SNAP or other food benefits?

If yes, please indicate monthly amount: _____

E. Signature and Certification

By typing my full name below I certify that the above information is complete and accurate. I understand that if I purposely give false or misleading information there may be consequences assessed by PAU.

Student Signature

Date