

**2025 - 2026 Institutional Financial Evaluation Form  
(Use for PAU Scholarship / Institutional Aid 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 2025 through August 2026.
- 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 2025 through August 2026.

<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, 2025, through July 31, 2026. 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.**

<b>Total Family 2024 Annual Income</b>	\$
<b>Source of Income</b>	

\*\*Please provide proof of income: Pay-check stubs or bank statements

	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	\$	
<b>Total Cost:</b>	<b>\$</b>	

**D. Signature and Certification**

*Signing below certifies that all information you have reported is complete and correct.*

Student Signature

Date