

## Upper Sioux Higher Education Financial Assistance Program

This page is to be completed by the institution's **financial aid officer** and faxed or mailed back to the Higher Education Director at:

**Upper Sioux Community  
Board of Trustees Office  
Higher Education Director  
P.O. Box 147  
Granite Falls, MN 56241  
Phone: 320.564.3853      Fax: 320.564.4482**

Name: \_\_\_\_\_

Date: \_\_\_\_\_ SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Institution & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Semester I \_\_\_\_\_ Semester II \_\_\_\_\_  
Summer Session I \_\_\_\_\_ Summer Session II \_\_\_\_\_ Other \_\_\_\_\_

Total number of credits registered for \_\_\_\_\_

Tuition \_\_\_\_\_  
Fees \_\_\_\_\_  
Est Books \_\_\_\_\_  
Room/Board \_\_\_\_\_  
Transportation \_\_\_\_\_  
Daycare \_\_\_\_\_  
Other \_\_\_\_\_

Pell Grant \_\_\_\_\_  
SEOG \_\_\_\_\_  
GSL/Loans \_\_\_\_\_  
ISAP \_\_\_\_\_  
Work Study \_\_\_\_\_  
Other scholarships \_\_\_\_\_  
Other \_\_\_\_\_

Total Expenses \_\_\_\_\_

Total Funds \_\_\_\_\_  
Student Need \_\_\_\_\_

Financial Aid Officer: \_\_\_\_\_

Name

Phone number to be reached at: \_\_\_\_\_

Fax number: \_\_\_\_\_

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Financial Aid Officer Signature & Date