

Financial Need Assessment & Documentation Form

Applicant:

I authorize the Office of Scholarships & Financial Aid at the University of Nebraska–Lincoln to release income tax information, need analysis and financial aid information to the Ronald E. McNair Post Baccalaureate Achievement Program at the University of Nebraska – Lincoln.

This information is needed to verify that this student has an income level established by the U.S. Department of Education. This information is essential to the selection process. Your cooperation is appreciated immensely.

Student Printed Name

Student NU ID

Student Signature

Date

Financial Aid Department:

The official confidential statement at the Financial Aid Office confirms the following information for the student registered above:

Family Size: _____

Taxable family annual income: _____ (Please provide Tax Returns or FAFSA – FDRH)

_____ Check here if amount provided represents adjusted gross income rather than taxable income.

Printed Name and Position of Financial Aid Official

Signature of Financial Aid Official

Date

Please return this form to:

mcnair2@unl.edu

McNair Scholars Program
Office of Graduate Studies
University of Nebraska – Lincoln
1100 Seaton Hall
Lincoln, NE 68588-0604

Any Questions? Please Contact:

UNL McNair Program
(402) 472-5062