



Financial Need Assessment & Documentation Form

Applicant:

I authorize the Office of Scholarships and Financial Aid at the **University of Nebraska-Lincoln** to release my personal non-public income tax information, need analysis, and various other financial aid information from the Free Application for Federal Student Aid (FAFSA) Form to the Ronald E. McNair Post Baccalaureate Achievement Program at the University of Nebraska-Lincoln.

This information is needed to verify that this student meets the required eligible income level established by the U.S. Department of Education essential to the selection process for this program. Your cooperation is appreciated.

| | | |
|----------------------|--------------|---------------|
| _____ | _____ | _____ |
| Student Printed Name | Student NUID | Family Size # |
| _____ | _____ | |
| Student Signature | Date | |

Office of Scholarships and Financial Aid:

The Office of Scholarships and Financial Aid officially and confidentially confirms the following information for the enrolled degree-seeking student listed above:

Income Reporting Year: _____

Based on the student's household size, do they meet the Federal TRIO Programs Current-Year Low-Income Levels listed on p.2? (Yes or No) _____

| | |
|---|-------|
| _____ | |
| Printed Name and Position of Financial Aid Official | |
| _____ | _____ |
| Signature of Financial Aid Official | Date |

Office of Scholarships and Financial Aid – Please return this form to:

mcnair2@unl.edu

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

Any Questions? Please Contact:
UNL McNair Program
(402) 472 – 5062



Federal TRIO Programs Current-Year Low-Income

(Effective **January 11, 2024** until further notice)

| Size of Family Unit | 48 Contiguous States, D.C., and Outlying Jurisdictions | Alaska | Hawaii |
|----------------------------|---|---------------|---------------|
| 1 | \$22,590 | \$28,215 | \$25,965 |
| 2 | \$30,660 | \$38,310 | \$35,250 |
| 3 | \$38,730 | \$48,405 | \$44,535 |
| 4 | \$46,800 | \$58,500 | \$53,820 |
| 5 | \$54,870 | \$68,595 | \$63,105 |
| 6 | \$62,940 | \$78,690 | \$72,390 |
| 7 | \$71,010 | \$88,785 | \$81,675 |
| 8 | \$79,080 | \$98,880 | \$90,960 |

For family units with more than eight members, add the following amount for each additional family member: \$8,070 for the 48 contiguous states, the District of Columbia and outlying jurisdictions; \$10,095 for Alaska; and \$9,285 for Hawaii.

The term "low-income individual" means an individual whose family's taxable income for the preceding year did not exceed 150 percent of the poverty level amount.

The figures shown under family income represent amounts equal to 150 percent of the family income levels established by the Census Bureau for determining poverty status. The poverty guidelines were published by the U.S. Department of Health and Human Services in the Federal Register on January 17, 2024 and are effective as of January 11, 2024.