VDH-OHE-MARY MARSHALL NURSING SCHOLARSHIP PROGRAM

FINANCIAL NEED ANALYSIS

To be completed and signed by the Financial Aid Officer or Authorized Person

The Mary Marshall Nursing Scholarship is a need-based aid program. The need analysis below should be based on charges and eligibility for the 2024/25 Academic Year i.e. Fall 2024, Spring 2025, and if applicable Summer 2025. Financial Aid Officers/Authorized Person should use their recourses to provide the best *estimate* for all figures in the need analysis calculation. PLEASE NOTE: With federal delays in the processing of the 2024/25 FAFSA. The financial aid office has the option to complete all of section 3 using the 23/24 FAFSA due to federal delays in receiving and processing the 24/25 FAFSA

Federal Financial Aid Institutions should require* the applicant to complete the 2024/25 FAFSA prior to completing this section and complete only the questions in #3.

Non-Federal Financial Aid Institutions should have the applicant complete any documentation needed to provide you with the figures to complete the needs analysis and complete only the Questions in #4.

Institutions should complete QUESTION 3 or 4, DO NOT COMPLETE BOTH.

- 1. Applicant Name: _____
- 2. Student Identification Number or Social Security Number _____

3. Federal Financial Aid Institutions need analysis:

Indicate award year (AY) *

To calculate Remaining Need: Unmet Need (a) minus (-) (Total Federal Grants (b) and Total Scholarships, and Discounts(c)) equals (=) Remaining need

*With federal delays in the processing of the 2024/25 FAFSA. The financial aid office has the option to complete all of section 3 using the 23/24 FAFSA due to federal delays in receiving and processing the 24/25 FAFSA

4. NON-Federal Financial Aid Institutions need analysis:

Cost of Program for one Year Tuition Discounts/Other Assistance (*do not include any type of loan*) Students Responsibility for Cost of Program



Award for undergraduates is \$2,000 annually. The Mary Marshall Nursing Scholarship Committee will not make an award that exceeds the "Remaining Need" in Question 3 or "Student Responsibility for Cost of Program" in Question 4.

Please provide an original signature from Financial Aid office/authorized person.

Name of Financial Aid Officer/Authorized Person (Please Print)

Phone Number

Signature of Financial Aid Officer/Authorized Person

Date

E-Mail Address: