

Educational Advancement Program Financial Needs Assessment - Income Eligibility Criterion

Financial Aid Office Verification of Family Income

I authorize the financial aid office at the University of Tennessee, Knoxville to release income tax information, need analysis, and various financial aid information to the Educational Advancement Program at the University of Tennessee, Knoxville.

Student ID Number

Date

Student's Signature

(Information below provided by Office of Financial Aid)

AWARD	AMOUNT OFFERED	AMOUNT ACCEPTED
TENNESSEE HOPE		
TENNESSEE PLEDGE		
TENNESSEE PROMISE		
TSAA		
PELL GRANT		
SEOG		
FEDERAL WORK STUDY		
STAFFORD SUB. LOAN		
STAFFORD UNSUB. LOAN		
PERKINS LOAN		
VOLUNTEER SCHOLARSHIP		
FEE WAIVER		
SCHOLARSHIP/FEE WAIVER (SPECIFY)		
SCHOLARSHIP (SPECIFY)		
SCHOLARSHIP (SPECIFY)		
TOTAL AWARD		

Total established need for this student is _____.

The official confidential statement housed in the Financial Aid Office shows the family taxable annual income and family size for the above named student to be:

\$ _____ and _____, respectively. ___ No FAFSA on file
 (Income) (Family Size)

Return to: Educational Advancement Program
 302 Greve Hall 3390

 Office of Financial Aid

EAP office use only

_____ YES(F)

_____ NO (NF)

_____ Insufficient information

Signature _____ Date _____