



North Idaho College

1000 West Garden Avenue, Coeur d'Alene, Idaho 83814
Financial Aid Office

Cardinal Central
(208) 769-3311 phone
(208) 769-3399 fax
CardinalCentral@nic.edu

2024-2025 Student Needs Analysis Verification

.....
THIS SECTION TO BE COMPLETED BY THE STUDENT:

Student Name: _____ Student ID Number: _____

Social Security Number: _____ Academic Year in Review: _____

Semesters: FALL / SPRING / SUMMER *Summer funding is authorized on a limited basis only

By completing this form, I authorize the Financial Aid Office at North Idaho College to discuss information regarding all aspects of my financial aid, except for information pertaining to my academic progress, to the third-party entity listed below. Please note that this is a precautionary measure taken to protect your privacy.

STUDENT SIGNATURE: _____ **DATE:** _____

Student will pick up completed form Send directly to third party entity by EMAIL / FAX / MAIL

.....
THIS SECTION TO BE COMPLETED BY THE THIRD-PARTY ENTITY:

Entity Name: _____ Contact Name: _____

Contact Title: _____ Contact Phone Number: _____

Contact Fax Number: _____ Contact E-Mail: _____

Contact Mailing Address: _____

CONTACT SIGNATURE: _____ **DATE:** _____

.....
THIS SECTION TO BE COMPLETED BY NORTH IDAHO COLLEGE FINANCIAL AID OFFICE:

Authorizing Official Name: _____ Title: _____

This student:

- Has a complete and accurate budget and Cost of Attendance
- Is ineligible for federal financial aid
- Has not finalized their financial aid file
- Has not applied for federal financial aid



North Idaho College

1000 West Garden Avenue, Coeur d'Alene, Idaho 83814
Financial Aid Office

Cardinal Central
(208) 769-3311 phone
(208) 769-3399 fax
CardinalCentral@nic.edu

THIS SECTION TO BE COMPLETED BY NORTH IDAHO COLLEGE FINANCIAL AID OFFICE:

Student Name: _____ Student ID Number: _____

Student's budget for academic year: _____ EFC: _____

Semesters: FALL / SPRING / SUMMER *Summer funding is authorized on a limited basis only

BUDGET:	AMOUNT:
Tuition and Fees	\$
Books and Supplies	\$
Room and Board	\$
Transportation	\$
Personal and Miscellaneous Items	\$
Total Expenses:	\$

FINANCIAL AID:	AMOUNT:
Pell Grant	\$
Federal Supplemental Grant (SEOG)	\$
Additional Grant in Aid	\$
Scholarships	\$
Federal Student Loans	\$
Private Loans	\$
Sponsorship	\$
Total Awarded Aid:	\$

AUTHORIZING OFFICIAL'S NAME: _____ **TITLE:** _____

AUTHORIZING OFFICIAL'S SIGNATURE: _____ **DATE:** _____

PHONE NUMBER: _____ **EMAIL:** _____

***Each section must be completed in full. Incomplete forms will not be processed. *If this form is initially submitted to Cardinal Central through email or fax, the student must attach a copy of their driver's license.**