

General Needs Analysis Request

To request a general needs analysis, please submit this form two weeks prior to the scholarship application deadline. You can email it to financialaid@ku.edu or return it to the KU Visitor Center, 1502 lowa Street, Lawrence, KS 66045. If you have any questions, email or call 785-864-4700. Personal Information:

First Name		Last Name			KU ID Number
	Phone	<u> </u>		Email	
Pick-u	p information: (check the box fo	r how we shou	ıld provide the	analysis):	
	Pick up at KU Visitor Center				
	e-mail to:				
	Mail to:				
Term information: (check applicable terms and enter year in the blank field): Fall 20 Spring 20 Summer 20 Summer 20 I've completed the FAFSA and have accepted/declined any financial aid for the terms above. I've attached a copy of the scholarship/grant application that requires a needs analysis. I haven't completed a FAFSA for the terms above (an incomplete financial aid file may delay processing of your request. If your file is incomplete, the analysis will use estimates based on the current academic year).					
Additional information:					
schola	ning below, I authorize KU Financia rship application, and supporting d ation on this form is true and com	ocument to the	•	•	
	Signatur	e			Date
	<u> </u>				