Tohono O'odham Nation Education Assistance Program & Higher Education
Financial Need Analysis Form

☐ Sells Office
PO Box 837
Sells, Arizona 85634
P. (520) 383-6571 F. (520) 383-2668
Attn: _____
Email _____

☐ Tucson Office
5901 South Calle Santa Cruz
Tucson, Arizona 85709
P. (520) 792-2099 F. (520) 792-6332
Attn: _____
Email _____

Part 1: TO BE COMPLETED BY THE STUDENT

Name: _____ Student ID: _____

Student Address: _____

Name of Institution Attending: _____

Enrollment Status: ☐ Full-time (12 + credits) ☐ Part-time (6 – 11 credits)

Semester/Year-round: _____ - _____
Start Date End Date

READ BEFORE SIGNING

Subject to certain exceptions set forth in the Family Education Rights and Privacy Act (FERPA) of 1974, the Tohono O'odham Nation Education Assistance Program & Higher Education will not disclose personally identifiable student information to any institution without the student's consent. This includes: tuition and fees, books, transportation, financial aid, scholarships, grants, loans, veteran/military benefits. I give permission for the Tohono O'odham Nation Education Assistance Program & Higher Education to send and receive information.

_____ _____
Student Signature Date

Part 2: TO BE COMPLETED BY THE FINANCIAL AID OFFICE OF THE INSTITUTION ATTENDING

COST OF ATTENDANCE

Enrolled Credit Hours _____ Estimated Family Contribution (EFC) _____

Tuition & Fees $ _____ Books & Supplies $ _____
Transportation $ _____ Other $ _____

AWARDS/RESOURCES

Applied for:				Accepted	Applied for:				Accepted
☐ Yes	☐ No	Pell Grant	$	_____	☐ Yes	☐ No	Veteran/Military Benefits	$	_____
☐ Yes	☐ No	FSEOG	$	_____	☐ Yes	☐ No	Loans	$	_____
☐ Yes	☐ No	Tuition Grants	$	_____	☐ Yes	☐ No	Other	$	_____

Comments: _____
_____
_____

Semester Awarded: Fall _____ Winter _____ Spring _____ Summer _____

_____
Financial Aid Signature Institution Telephone Date