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Attn:

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Tucson, Arizona 85709  
P. (520) 792-2099  
Email. [AskEAP@tonation-nsn.gov](mailto:AskEAP@tonation-nsn.gov)  
Attn:

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Address: \_\_\_\_\_

Name of College/University Attending: \_\_\_\_\_

Subject to certain exceptions set forth in the Family Education Rights and Privacy Act (FERPA) of 1974, the Tohono O'odham Education Assistance Program /Higher Education Services will not disclose personally identifiable student information to any college/university 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 Education Assistance Program /Higher Education Services to send and receive information.

Date \_\_\_\_\_

Semester: \_\_\_\_\_ - \_\_\_\_\_  
Start Date End Date

1Tuition & Fees	\$ _____	Books & Supplies	\$ _____
Transportation	\$ _____	Other	\$ _____

Applied for:			Accepted	Applied for:			Accepted
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pell Grant	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Veteran/Military Benefits	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	FSEOG	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Loans	\$ _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Tuition Grants	\$ _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Other	\$ _____

Comments: \_\_\_\_\_

Semester Awarded:      Fall                      Spring

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Date \_\_\_\_\_