

Tohono O'odham Education Assistance Program /Higher Education Services
Financial Need Analysis Form

Sells Office
PO Box 837
Sells, Arizona 85634
P. (520) 383-6571
Email: AskEAP@tonation-nsn.gov
Attn: _____

Tucson Office
5901 South Calle Santa Cruz
Tucson, Arizona 85709
P. (520) 792-2099
Email: AskEAP@tonation-nsn.gov
Attn: _____

Part 1: TO BE COMPLETED BY THE STUDENT

Name: _____ Student ID: _____

Student Address: _____

Name of College/University Attending: _____

READ BEFORE SIGNING

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.

Student Signature Date

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

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

Semester: _____ - _____
Start Date End Date

ESTIMATES WILL NOT BE ACCEPTED

Enrolled Credit Hours _____ Estimated Family Contribution (EFC) _____

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

AWARDS/RESOURCES

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 _____

Financial Aid Signature College/University Telephone Date