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

	Li Tucson Onice
PO Box 837	5901 South Calle Santa Cruz
Sells, Arizona 85634	Tucson, Arizona 85709
P. (520) 383-6571	P. (520) 792-2099
Email: <u>AskEAP@tonation-nsn.gov</u>	Email: <u>AskEAP@tonation-nsn.gov</u>
Attn:	Attn:
Part 1: TO RE	COMPLETED BY THE STUDENT
rait ii 10 Bi	TOOM LETED BY THE GROSERY
Name:	Student ID:
Student Address:	
Name of College/University Attending:	
<u> </u>	READ BEFORE SIGNING
Assistance Program /Higher Education Services will no without the student's consent. This includes: tuition	cation Rights and Privacy Act (FERPA) of 1974, the Tohono O'odham Education of disclose personally identifiable student information to any college/university and fees, books, transportation, financial aid, scholarships/grants, loans, no O'odham Education Assistance Program /Higher Education Services to send
Chudant Cinnatura	
Student Signature	Date
Part 2: TO BE COMPLETED BY THE F	INANCIAL AID OFFICE OF THE INSTITUTION ATTENDING
Enrollment Status: Full-time (12 + credits)	s) Part-time (6 – 11 credits)
Semester: Start Date	 End Date
<u>ESTIMAT</u>	ES WILL NOT BE ACCEPTED
Enrolled Credit Hours	Estimated Family Contribution (EFC)
Tuition & Fees \$	Books & Supplies \$
Tuition & Fees \$ Transportation \$	Other \$
<u>A</u>	WARDS/RESOURCES
Applied for: Accepted	Applied for: Accepted
☐ Yes ☐ No Pell Grant \$	☐ Yes ☐ No Veteran/Military Benefits \$
Yes No FSEOG \$	
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Comments:	
Semester Awarded: Fall	Spring
Financial Aid Signature College/University	sity Telephone Date
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