

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

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

Part 1: TO BE COMPLETED BY THE STUDENT

First Name: _____ Middle Name: _____ Last Name _____
Student ID: _____
Student Address, City, State, Zip: _____
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.

Please complete only Part 1 of this form. Then submit/email a copy to your school financial aid office(r) to complete Part 2 below.

Typing in my name in the space above will be my signature Date _____

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

Degree pursuing: Bachelor's Associate Certificate
 Master's Doctorate Other _____

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: _____

Financial Aid Officer Signature College/University Telephone Date

ALL COMPLETED FNAs NEED TO BE SUBMITTED TO: askeap@tonation-nsn.gov