

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: _____ School Year: _____ Term (select one): Fall Spring Winter Summer I Summer II
 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.

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