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 INSTITUTION'S** FINANCIAL AID OFFICE **FOR EACH ACADEMIC TERM**

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
☐Yes	☐No	Pell Grant	$	_____	☐Yes	☐No	Veteran/Military Benefits	$	_____
☐Yes	☐No	FSEOG	$	_____	☐Yes	☐No	Loans	$	_____
☐Yes	☐No	Tuition Grants	$	_____	☐Yes	☐No	Other	$	_____

Comments: _____
_____

_____
Financial Aid Officer Signature College/University Telephone Date

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

(Rev 08/2021)