

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/Term: _____
Start Date _____ End Date _____

ESTIMATES WILL NOT BE ACCEPTED

Enrolled Credit Hours _____

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 _____ College/University _____ Telephone _____ Date _____

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