



Choctaw Nation of Oklahoma
Department of Higher Education

P. O. Box 1210
Durant, OK 74702-1210
Toll Free (800)522-6170 or (580)924-8280
Fax (580)924-1267

Fall Deadline:
October 1, 2007

Spring Deadline:
March 15, 2008

Financial Need's Analysis (FNA)

PART I - TO BE COMPLETED BY THE STUDENT

Student Name: _____ MaidenName: _____

Address: _____

Social Security No.: _____ Tribe & Degree: _____

Application Requested for: Fall 2007 Spring 2008

I grant permission to (name of school) _____
to release information stated below to the Higher Education Program
of the Choctaw Nation of Oklahoma.

Signature: _____

PART II - TO BE COMPLETED BY THE FINANCIAL AID OFFICER

SCHOOL EXPENSES		STUDENT RESOURCES		AWARDS	
Tuition	\$ _____	Family Contribution	\$ _____	PELL	\$ _____
Fees	_____	Student Contribution	_____	SEOG	_____
Books	_____	Veteran's Benefits	_____	Work Study	_____
Supplies	_____	Social Security	_____	Perkins	_____
Room & Board	_____	Vocational Rehabilitation	_____	GSL/Stafford	_____
Dependency Allowance	_____	Fellowships	_____	Unsub. Stafford	_____
Personal Expenses	_____	IHS Grants	_____	State Tuition Grant	_____
Loan Fees	_____	State Indian Scholarship	_____	University Scholarship	_____
Other (List)	_____	Other (List)	_____	Off Campus Scholarship	_____
				Direct Loan	_____
				Incentive	_____
				PLUS	_____
				Other (List)	_____

Total Expenses \$ _____ **Total Resources** \$ _____ **Total Awards** \$ _____

Total Expenses - Total Resources = Total Financial Need Total Financial - Total Awards = Unmet Need \$ _____

Classification: Fr _____ Soph _____ Jr. _____ Sr _____ Grad _____ Part-Time Student _____ Full-Time Student _____

Marital Status: Single _____ Married _____ Divorced _____ No. of Dependents _____

This student aid package is consistent in type and amount with packages prepared for students in students in similar circumstances who are not eligible for a BIA education grant.

FINANCIAL AID OFFICER:
Signature: _____

INSTITUTION:
Name: _____

Address: _____

Date: _____

Phone No. _____

PART III - TO BE COMPLETED BY THE CHOCTAW NATION OF OKLAHOMA

Fall \$ _____ Spring \$ _____ Summer \$ _____ _____
Higher Education Director

Type of HS: _____ Grad. Date: _____ DOB: _____ () Major: _____