



FINANCIAL NEEDS ANALYSIS (FNA)

PART I - TO BE COMPLETED BY THE STUDENT

Student Name _____ Maiden Name _____

Address _____ City _____ State _____ ZIP _____

SSN _____ Tribe & Degree _____

Application for: Fall Spring Phone Number _____

I grant permission to _____ (Name of School) to release information stated below to the Career Development Center of the Choctaw Nation of Oklahoma.

Signature _____

PART II - TO BE COMPLETED BY THE FINANCIAL AID OFFICER

SCHOOL EXPENSES

STUDENT RESOURCES

AWARDS

Tuition \$ _____
Fees _____
Books _____
Supplies _____
Room and Board _____
Dependency Allowance _____
Transportation _____
Personal Expenses _____
Loan Fees _____
Other (list) _____

Family Contribution \$ _____
Student Contribution _____
Veteran's Benefits _____
Social Security _____
Vocational Rehabilitation _____
Fellowships _____
IHS Grants _____
State Indian Scholarship _____
Other (list) _____

PELL Grant \$ _____
SEOG _____
Work Study _____
Perkins Loan _____
GSL/Stafford Loan _____
Unsub. Stafford Loan _____
Tuition Waivers _____
State Tuition Grant _____
University Scholarship _____
Off-campus Scholarship _____
Direct Loan _____
Incentive _____
PLUS _____
Other (list) _____

Total Expenses \$ _____

Total Resources \$ _____

Total Awards \$ _____

Total Expenses - Total Resources = Financial Need

Total Financial Need - Total Awards = Unmet Need

Classification Part-Time Student Full-Time Student

Marital Status Single Married Divorced

Number of Dependents _____

Type of Training _____ Completion Date _____ Certification _____

This student aid package is consistent in type and amount with packages prepared for students in similar circumstances who are not eligible for a BIA education grant. NEW VENDORS: The school name and address used below should be consistent with information provided when completing a W-9 form.

Financial Aid Officer

Signature _____

Email _____

Date _____

Tax Identification Number (TIN)

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Institution

Name _____

Address _____

Phone _____ Fax _____