



# FINANCIAL NEEDS ANALYSIS (FNA)

## PART I - TO BE COMPLETED BY THE STUDENT

Student Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Last 4 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

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

### STUDENT RESOURCES

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

### AWARDS

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 \_\_\_\_\_

### **Institution**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Tax Identification Number (TIN)

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