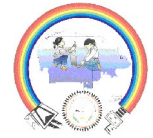




Office of Navajo Nation Scholarship & Financial Assistance (ONNSFA)

Financial Need Analysis (FNA)



TERM(S) APPLYING FOR:

20 ___ FALL / 20 ___ SPRING SEMESTERS
 20 ___ FALL / 20 ___ WINTER/SPRING QUARTERS
 20 ___ SUMMER SESSION(S) (must be on separate FNA)

Have you processed a FAFSA (Free Application for Federal Student Aid)
 ___ Yes ___ No*
 *If No, Please complete FAFSA as soon as possible.

NAME: _____ BIRTH DATE: _____ PHONE #: _____

MAILING ADDRESS: (City/State/Zip): _____

SOCIAL SECURITY #: _____ STUDENT ID #: _____ Number of Dependents: _____

- I hereby fully authorize and allow the financial aid office to release my financial aid and any other relevant information to the ONNSFA. Please send my completed FNA form to the following checked agency office.

Signature

Date

(Student please check one)

| | | |
|--|---|---------------------------------|
| ___ ONNSFA Chinle Agency, P.O. Box 25-B, Tsaille, AZ 86556 | <u>Toll Free Number:</u> 1-800-919-9269 | <u>Fax Number:</u> 928-724-2208 |
| ___ ONNSFA Crownpoint Agency, P.O. Box 1080, Crownpoint, NM 87313 | 1-866-254-9913 | 505-786-2178 |
| ___ ONNSFA Fort Defiance Agency, P.O. Box 1870 Window Rock, AZ 86515 | 1-800-243-2956 | 928-871-6561 |
| ___ ONNSFA Shiprock Agency, P.O. Box 1349, Shiprock, NM 87420 | 1-866-223-6457 | 505-368-1338 |
| ___ ONNSFA Tuba City Agency, P.O. Box 370, Tuba City, AZ 86045 | 1-866-839-8151 | 928-283-3215 |

Please send FNA form to the Financial Aid Office at College you plan to attend.

The Financial Aid Officer shall do the following:

- Complete each line item under Expenses and Resources.
- Consider all financial aid, fellowships & special award programs for which the applicant qualifies.
- FNA must be complete and received by the appropriate ONNSFA Agency office by the following deadlines:
FALL/SPRING.....June 25 WINTER/SPRING.....November 25 SUMMER SESSION(S).....April 25

EXPENSES:

Tuition/Fees \$ _____
 Room/Board _____
 Books/Supplies _____
 Transportation _____
 Personal _____
 Child Care _____
 Misc. _____

RESOURCES:

Expected Family Contribution: \$ _____
 Student/Spouse Contribution \$ _____ PELL \$ _____
 Parent Contribution _____ LEAP/FSEOG _____
 Veterans Benefits _____ Other Grants _____
 Tuition Waiver _____ FWS _____
 Parent PLUS/UNSUB. LOAN _____
 Other LOANS (Specify) _____
 Other (i.e., IHS/Gates/UNTF/Ramah Navajo) _____

TOTAL EXPENSES \$

TOTAL RESOURCES \$

Recommended Need: \$
 (Expenses minus Resources)

Financial Assistance request will cover expenses FROM: _____ TO _____
 Month/Year Month/Year

Institution Name _____ Signature of Financial Aid Officer _____ Date _____
 Phone Number _____ Email Address _____

- | | |
|--|---|
| <input type="checkbox"/> UNDERGRADUATE STUDENT IS ENROLLED IN AT LEAST 12 CREDIT HOURS AND IS FULL-TIME. | <input type="checkbox"/> UNDERGRADUATE STUDENT IS ENROLLED IN LESS THAN 12 CREDIT HOURS AND IS PART-TIME. |
| <input type="checkbox"/> GRADUATE STUDENT IS ENROLLED IN 9 CREDIT HOURS AND IS FULL-TIME | <input type="checkbox"/> GRADUATE STUDENT IS ENROLLED IN LESS THAN 9 CREDIT HOURS AND IS PART-TIME. |
| <input type="checkbox"/> STUDENT SUSPENDED FROM CAMPUS BASED AID FAILURE TO MAINTAIN SATISFACTORY PROGRESS | <input type="checkbox"/> STUDENT IS IN DEFAULT STATUS ON FEDERAL STUDENT LOANS OR OTHER STUDENT AID |

STUDENT ONLY

TO BE COMPLETED BY THE FINANCIAL AID OFFICER ONLY