



# Choctaw Nation of Oklahoma

## Career Development Center

P.O. Box 1210

Durant, OK 74702-1210

866-933-2260

580-916-3853 fax

### Financial Needs Analysis (FNA)

#### PART I – TO BE COMPLETED BY THE STUDENT

Student Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Tribe & Degree: \_\_\_\_\_

Application Requested for:      Fall                      Spring

(Name of School)

I grant permission to \_\_\_\_\_ to release information stated below to the Career Development Center of Choctaw Nation of Oklahoma.      Signature: \_\_\_\_\_

#### PART II – TO BE COMPLETED BY THE FINANCIAL AID OFFICER

##### SCHOOL EXPENSES:

Tuition            \$ \_\_\_\_\_  
 Fees                \_\_\_\_\_  
 Books              \_\_\_\_\_  
 Supplies          \_\_\_\_\_  
 Room & Board    \_\_\_\_\_  
 Dependency      \_\_\_\_\_  
     Allowance      \_\_\_\_\_  
 Transportation   \_\_\_\_\_  
 Personal Exp.    \_\_\_\_\_  
 Loan Fees        \_\_\_\_\_  
 Other (List)      \_\_\_\_\_  
     \_\_\_\_\_  
     \_\_\_\_\_

##### STUDENT RESOURCES:

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

##### AWARDS:

PELL                \$ \_\_\_\_\_  
 SEOG                \_\_\_\_\_  
 Work Study        \_\_\_\_\_  
 Perkins             \_\_\_\_\_  
 GSL/Stafford      \_\_\_\_\_  
 Unsub. Stafford    \_\_\_\_\_  
 Tuition Waiver     \_\_\_\_\_  
 State Tuition Grant \_\_\_\_\_  
 Univ. Scholarship   \_\_\_\_\_  
 Off Campus -        \_\_\_\_\_  
     Scholarship      \_\_\_\_\_  
 Direct Loan        \_\_\_\_\_  
 Incentive            \_\_\_\_\_  
 PLUS                \_\_\_\_\_  
 Other (List)        \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

**Total Resources** \$ \_\_\_\_\_

**Total Awards** \$ \_\_\_\_\_

Total Expenses – Total Resources = Total Financial Need

Total Financial Need – Total Awards = Unmet Need

Classification: \_\_\_\_\_ Part-Time Student      \_\_\_\_\_ Full-Time Student

Marital Status: \_\_\_\_\_ Single      \_\_\_\_\_ Married      \_\_\_\_\_ Divorced

Type of Training: \_\_\_\_\_ Completion Date: \_\_\_\_\_

No. of Dependents \_\_\_\_\_

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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