Choctaw Nation of Oklahoma

Career Development Center
P.O.Box 1210
Durant, OK 74702
866-933-2260
580-920-1514 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

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:		STUDENT RESOURCES:		AWARDS:	
Tuition		Family Contribution		PELL	
Fees		Student Contribution		SEOG	
Books		Veteran's Benefits		Work Study	
Supplies		Socal Security		Perkins	
Room & Board		Voc. Rehabilitation		GSL/Stafford	
Dependency		Fellowships		Unsub. Stafford	
Allowance		IHS Grants		Tuition Waiver	
Transportation		State Indian		State Tuition Grant	
Personal Exp.		Scholarship		Univ. Scholarship	
Loan Fees		Other		Off Campus -	
Other				Direct Loan	
				Incentive	
				PLUS	
				Other	
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 No. 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.

FINANCIAL AID OFFICER:

Signature: _____

Date: _____

INSTITUTION:

Name: _____

Address: _____

_____

Phone: _____