



# Choctaw Nation of Oklahoma

Career Development Center

P.O. Box 1210

Durant, OK 74702-1210

## 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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