



Office of Navajo Nation Scholarship & Financial Assistance (ONNSFA)

Financial Need Analysis (FNA)



STUDENT ONLY

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.

STUDENT NAME: _____

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

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

****Please send my FNA form to my respective Agency office:**

(Student please check one)

	Toll Free Number:	Fax Number:
___ ONNSFA Chinle Agency, P.O. Box 25-B, Tsaille, AZ 86556	1-800-919-9269	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 86504	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.

TO BE COMPLETED BY THE FINANCIAL AID OFFICER ONLY FOR NAVAJO STUDENTS

The Financial Aid Officer shall do the following:

1. Complete each line item under Expenses and Resources.
2. Consider all financial aid, fellowships & special award programs for which the applicant qualifies.
3. Indicate NE (Not Eligible) next to listed resources for which the applicant does not qualify.
4. FNA must be complete and received by the appropriate ONNSFA Agency office by the following deadlines:
FALL/SPRING Semester/QuarterJune 25
WINTER/SPRING Semester/Quarter.....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 _____ SEOG _____
 Veterans Benefits _____ SSIG _____
 Tuition Waiver _____ C/WS _____
 UNSUB. LOAN _____
 Other LOANS (Specify) _____
 Other (Specify) _____

TOTAL EXPENSES \$

TOTAL RESOURCES \$

Student need recommended to ONNSFA: \$
 (Expenses minus Resources)

T1 _____
 T2 _____
 T3 _____

Financial Assistance request will cover expenses for the period: _____ Month/Year TO _____ 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 |