



**Office of Navajo Nation Scholarship & Financial Assistance (ONNSFA)
Financial Need Analysis (FNA)**

If you have not yet completed a FASFA (Free Application for Federal Student Aid) form, Please do so as soon as possible. FASFA is required to complete your Financial Needs Analysis by your institution.

STUDENT ONLY

TERM(S) APPLYING FOR: 20__ Fall/Spring semesters or 20__ Fall/Winter/Spring quarters
STUDENT NAME: _____ 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	Toll Free Number:	Fax Number:
<i>(Student please check one)</i>			
___ ONNSFA Chinle Agency, PO Box 2358, Chinle, AZ 86503		1-800-919-9269	928-674-2331
___ ONNSFA Crownpoint Agency, PO Box 1080, Crownpoint, NM 87313		1-866-254-9913	505-786-2178
___ ONNSFA Ft Defiance Agency, PO Box 1870 Window Rock, AZ 86515		1-800-243-2956	928-871-6561
___ ONNSFA Shiprock Agency, PO Box 1349, Shiprock, NM 87420		1-866-223-6457	505-368-1338
___ ONNSFA Tuba City Agency, PO 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:

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

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|--|---|
| <input type="checkbox"/> UNDERGRADATE STUDENT IS ENROLLED IN AT LEAST 12 CREDIT HOURS AND IS FULL-TIME | <input type="checkbox"/> UNDERGRADUATE SUDENT 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 |

TO BE COMPLETED BY FINANCIAL AID OFFICE