

Department of Education
 Higher Education Program
 P.O. Box 38
 Concho, OK 73022



Telephone number (405) 262-0345,
 Ext. 27568, 27646 or 27560
 Toll Free: 800-247-4612
 Fax: (405)262-5419

FINANCIAL NEEDS ANALYSIS

PART 1 – To Be Completed by the Student

Name _____ S.S.# _____ D.O.B. _____

Address _____ Telephone _____

MARITAL STATUS: Single Married Divorced DEPENDENTS _____ TRIBAL ROLL _____

ACADEMIC LEVEL: Freshman Sophomore Junior Senior Graduate

TYPE OF SCHOOL: Junior College Private Sectarian College/University Tribal BIA

MALE FEMALE New Student Continuing Former Transfer Number of Hours Enrolled _____

Major _____ Minor _____

Applied For: Pell Grant State Grant Tuition Waiver Work Study SEOG NDSI GSL OSL

Other funding _____

Remarks: _____

PART 2 – To Be Completed by the Financial Aid Officer

APPROVED STUDENT BUDGET		\$ _____
SCHOOL EXPENSES:	STUDENT RESOURCES:	AWARDS:
Tuition \$ _____	Family Contribution \$ _____	Pell \$ _____
Fees \$ _____	Student Contribution \$ _____	SEOG \$ _____
Books \$ _____	Veterans' Benefits \$ _____	Work Study \$ _____
Supplies \$ _____	Social Security \$ _____	NDSL \$ _____
Room & Board \$ _____	Vocational Rehab \$ _____	GSL \$ _____
Dependency Allowance \$ _____	AFDC \$ _____	Tuition Waiver \$ _____
Transportation \$ _____	Fellowships \$ _____	State Tuition Grant \$ _____
Personal Expenses \$ _____	IHS Grants \$ _____	Other (List) \$ _____
Other (List) \$ _____	State Ind. Scholarship \$ _____	\$ _____
\$ _____	Other (List) \$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	
TOTAL STUDENT EXPENSE \$ _____	TOTAL RESOURCES \$ _____	TOTAL AWARD \$ _____
SEMESTER \$ _____		
QUARTER \$ _____		
OTHER \$ _____		
Total Student Expense – Total Resources = Total Financial Need		\$ _____
Financial Need – Total Awards = Unmet Need		\$ _____
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:	INSTITUTION:	
Signature _____	Name _____	
	Address _____	

Date _____	Phone No. _____	

Return to: HIGHER EDUCATION
 Cheyenne and Arapaho Tribes
 P.O. Box 38
 Concho, OK 73022

 Student Signature