



## COMANCHE NATION OFFICE OF HIGHER EDUCATION

P.O. Box 908 Lawton, OK 73502

Phone: (580) 492-3363 · Fax: (580) 492-4017 · Toll-Free (877) 703-2288

### FINANCIAL AID NEED ANALYSIS FORM (FNA)

#### To be completed by the student

Name: \_\_\_\_\_ Tribal # \_\_\_\_\_  
 Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
 \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Applying for:  Fall & Spring  Fall only  Spring only  Fall Quarter  Winter Quarter  Spring Quarter  Summer

I am classified as a:  Graduate  Senior  Junior  Sophomore  Freshman

My Major in college is: \_\_\_\_\_ or  I have not decided my Major yet.

**PLEASE SIGN:** I authorize the release of my academic & financial information to the Comanche Nation Office of Higher Education:  
 Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### NOTE: You must complete the "Free Application for Federal Student Aid" (FAFSA/PELL)

Please send FNA to the Financial Aid Office at your college

#### To be completed by your college Financial Aid Office

1. Complete the FNA only after a student has submitted the required financial aid forms (i.e., FAFSA, etc.)
2. Please do not consider loan eligibility when calculating resources (awards).
  - a. We prefer that our students use their Pell/Tribal funds before they take out student loans.
  - b. If loans are figured into the total resources (awards) the unmet need will be zero and we can only fund a student's unmet need.
3. Send original to the Comanche Nation Office of Higher Education. To speed up the payment process, a faxed copy will suffice until the original arrives.

Student Expenses		RESOURCES			
Tuition/Fees	\$	Family Contribution	\$	PELL	\$
Books	\$	Student Contribution	\$	SEOG	\$
Room/Board	\$	Veterans Benefit	\$	CWSP	\$
Transportation	\$	Other	\$		
Personal	\$				
Other	\$				
<b>Total Student Expenses</b>	<b>\$</b>	<b>- Total Resources</b>	<b>\$</b>	<b>= Unmet Need</b>	<b>\$</b>

**STUDENT NEED recommended for the Comanche Scholarship = \$ \_\_\_\_\_**  
 Student is:  Full-Time  Part-Time  Other

Comanche Scholarship will cover expenses for the period: Month \_\_\_\_\_ Year \_\_\_\_\_ TO Month \_\_\_\_\_ Year \_\_\_\_\_

Signature of Financial Aid Officer \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_