



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	\$				
Total Student Expenses	\$	- Total Resources	\$	= Unmet Need	\$

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 _____