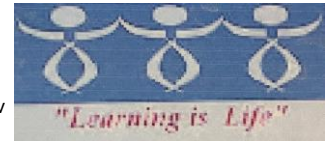




Chemehuevi Tribe Education Center

P.O. BOX 1976 · HAVASU LAKE, CA 92363 · OFFICE: (760) 858-1063 · EMAIL: dir.edu@cit-nsn.gov



FINANCIAL NEEDS ANALYSIS (FNA)

SECTION 1. STUDENT INFORMATION:

LAST NAME FIRST NAME CELL STUDENT ID SOCIAL SECURITY NO.

MAILING ADDRESS CITY, STATE, ZIP TRIBAL NO. EMAIL

I give my permission to Chemehuevi Tribe Education Center (CTEC) to request and receive information regarding my financial and academic progress. I understand I must apply for all Federal, State, and Institutional Aid before being considered for Chemehuevi Tribal Funding. I also understand that I am responsible for seeing that this form reaches CTEC by mail or PDF from the Institution by the deadline date. This FNA must be mailed or emailed as PDF from the school. **It cannot be faxed.**

STUDENT SIGNATURE

DATE

PARENT SIGNATURE (IF STUDENT IS A MINOR)

DATE

1. STUDENT TO FILL OUT SECTION 1 OF FNA AND SIGN.
2. STUDENT TO SUBMIT FNA TO ACADEMIC INSTITUTION TO FILL OUT SECTION 2.
3. FNA MUST BE SUBMITTED TO CTEC DIRECTLY FROM ACADEMIC INSTITUTION EITHER BY MAIL OR PDF-EMAIL.

SECTION 2. ACADEMIC INSTITUTION:

PRINT: LAST NAME FIRST NAME CONTACT # TITLE EMAIL

ACADEMIC INSTITUTION CONTACT # MAILING ADDRESS CITY, STATE, ZIP

SCHOOL TAX ID.

***Funding will not be considered if tax id # is not included**

+	SCHOOL YEAR 2024-2025	IDENTIFY PROJECTED FUNDING PERIOD
	SEMESTER	FALL / SPRING / SUMMER
	QUARTER	FALL / WINTER / SPRING / SUMMER
	DISTINCTIVE	ACADEMIC MONTHS _____--_____
	COMMENTS:	

Please complete entire form and do not leave any blanks:

School Expenses:

Tuition (\$ _____ per credit) \$ _____
 Books/Supplies \$ _____
 Room & Board \$ _____
 Transportation \$ _____
 Personal \$ _____
 Child Care \$ _____
 Total Expenses: \$ _____

Resources:

Parent Contribution \$ _____
 Student Contribution \$ _____
 Veteran's Benefits \$ _____
 Scholarship(s) \$ _____
 Tuition Grant \$ _____
 Loans \$ _____
 Total Resources: \$ _____

Federal Aid:

Pell Grant \$ _____
 SEOG \$ _____
 SSIG \$ _____
 ACG \$ _____
 Total Federal Aid: \$ _____
 Total Unmet Need: \$ _____
 Recommended Tribal Funding: \$ _____

ACADEMIC INSTITUTION STAFF SIGNATURE

DATE

Mail or EMAIL to:
 Chemehuevi Tribe Education Center
 c/o Director of Education
 P O Box 1976
 Havasu Lake, CA 92363
 dir.edu@cit-nsn.gov
DO NOT FAX

CTEC Staff:

Date Received _____
 Staff Signature _____

DEADLINES:

HED JULY 1 & JAN 5
 AVT 60 DAYS PRIOR TO COMMENCEMENT OF CLASS

Original signatures required. PLEASE Include all documents/forms and initial to acknowledge agreement.

Please keep a copy for your file.