



Office of Navajo Nation Scholarship & Financial Assistance (ONNSFA)  
**Financial Need Analysis (FNA) - Full-Time Applicants**

**Students:** File a Free Application for Federal Student Aid (FAFSA) as soon as possible so that your school's Financial Aid Office can determine your level of financial need. **The FNA is required for full-time applicants 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, \_\_\_\_\_, give my permission to \_\_\_\_\_

(PRINT NAME) (INSTITUTION)  
 to release information regarding my student education records, including financial aid information from my FAFSA record, to the agency listed below:

(Student please check one)

_____ ONNSFA Chinle Agency, PO Box 2358, Chinle, AZ 86503	Toll-Free Number 1-800-919-9269	Fax Number 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

\_\_\_\_\_  
 (Student's Signature)

\_\_\_\_\_  
 (Date)

**Student: Submit this form to the Financial Aid Office at the college you plan to attend.**

Financial Aid Officer:

1. Complete the FNA only if the student is enrolled Full-Time.
2. Complete each line item under Expenses and Resources with exact figures. The ONNSFA does not accept estimates.
3. Consider all financial aid, fellowships and special award programs for which the applicant qualifies.
4. Complete and submit the FNA to 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. \_\_\_\_\_

**TOTAL EXPENSES:** \_\_\_\_\_

**RESOURCES:**

**Expected Family Contribution:**

Student/Spouse: \_\_\_\_\_  
 Parent: \_\_\_\_\_  
 Veterans Benefits: \_\_\_\_\_  
 Tuition Waiver: \_\_\_\_\_  
 Federal PELL Grant: \_\_\_\_\_  
 LEAP/FSEOG: \_\_\_\_\_  
 Other Grants: \_\_\_\_\_  
 Federal Work Study: \_\_\_\_\_  
 Parent PLUS/UNSUB. Loan: \_\_\_\_\_  
 Other Loans \_\_\_\_\_  
 Other Specify \_\_\_\_\_

**TOTAL RESOURCES:** \_\_\_\_\_

**OFFER STATUS**

(Check One)  
 Accepted Declined

**RECOMMENDED NEED**

(Expenses minus Resources)

\_\_\_\_\_

**Revised FNA Due to:**

(Check One)  
 Enrollment Change   
 Additional Aid   
 Reduction in Aid   
 Appeal Approved   
 Changes to FAFSA / ISIR Data

Financial Assistance request will cover expenses FROM: \_\_\_\_\_ TO: \_\_\_\_\_  
 (Month/Year) (Month/Year)

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

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

- UNDERGRADUATE STUDENT IS ENROLLED IN AT LEAST 12 CREDIT-HOURS AND IS FULL-TIME.  
 GRADUATE STUDENT IS ENROLLED IN 9 CREDIT HOURS AND IS FULL-TIME.

- STUDENT SUSPENDED FROM CAMPUS-BASED AID FAILURE TO MAINTAIN SATISFACTORY PROGRESS.  
 STUDENT IS IN DEFAULT STATUS ON FEDERAL STUDENT LOANS OR OTHER STUDENT AID.

STUDENT ONLY

TO BE COMPLETED BY FINANCIAL AID OFFICE