

Chemehuevi Education Department
 PO Box 1976
 Havasu Lake, CA 92363
 760-858-1063 FAX: 760-858-4743
 dir.edu@cit-nsn.gov

Chemehuevi Indian Tribe Education Department
Financial Needs Analysis Form (FNA)



Award Deadline Dates:
 Fall: HED May 31st 5:00 p.m.
 Spring: HED November 30th 5:00 p.m.
 AVT: 60 days before start date of term

PART I TO BE COMPLETED BY THE STUDENT: Send this form to your college or university financial aid office to complete.

Name _____ SSN or Student ID _____

LAST FIRST MIDDLE

Mailing Address _____ Home Phone _____

Street/PO Box City State Zip

Cell Phone _____ Tribal ID _____ Email address _____

Institution Attending _____ Funding Requested for School Year _____ Term _____

I give my permission to the CIT Education Department to request and receive any information on my financial aid status and academic progress. In understand that I must apply for a Federal, State, and Institutional aid before being considered for CIT Funding. I also understand that I am responsible for seeing this form reaches the CIT Education Department by the deadline date.

Student Signature _____ Date _____

PART 2 TO BE COMPLETED BY THE FINANCIAL AID OFFICE: Return to the CIT Education Dept. by PDF email or mail. This form maybe not be faxed. The student may ask for either an annual (fall/spring) assessment or one for each term (2). The awards go out in August and January. Student must be attending full-time to be eligible for the award. This form will not be accepted without the school Tax ID number.

School Year _____ Is this an annual projection? _____ School Tax ID # _____

Name (print) of FA officer _____ School Name _____

Mailing Address for funds submission _____

Phone _____ Fax _____ Email of FA OFFICER _____

Please complete entire financial form:

School Expenses:

Tuition (\$ ___ per credit) \$ _____

Books/Supplies \$ _____

Room and Board \$ _____

Transportation \$ _____

Personal \$ _____

Child Care \$ _____

TOTAL EXPENSES: \$ _____

Approved Student Budget () Independent () Dependent

Family Contribution \$ _____

Student Contribution \$ _____

Social Security \$ _____

Veterans Benefits \$ _____

Other \$ _____

Other \$ _____

TOTAL RESOURCES: \$ _____

We have made or acknowledged the following awards: (if student is ineligible for financial aid under the rules of this institution please explain)

	Applied for:	Awarded:		
Pell Grant	Yes ___ No ___	Yes ___ No ___	\$ _____	SCHOOL EXPENSES \$ _____
SEOG	Yes ___ No ___	Yes ___ No ___	\$ _____	RESOURCES \$ _____
Work Study	Yes ___ No ___	Yes ___ No ___	\$ _____	AWARDS \$ _____
Loans _____	Yes ___ No ___	Yes ___ No ___	\$ _____	UNMET NEEDS \$ _____
Other _____	Yes ___ No ___	Yes ___ No ___	\$ _____	RECOMMENDED TRIBAL FUNDING \$ _____