Dear Applicant:

The Choctaw Nation Higher Education Program is pleased to receive your inquiry regarding financial assistance. An application, brochure, and financial needs analysis are enclosed. To apply for Spring 2014, complete and return the application with the required documents to our office by **MARCH 1, 2014**. If the application packet is received incomplete, it will be returned to you for completion (if time permits before deadline). If the packet is postmarked after **March 1, 2014**, it will be returned to you.

**NOTE:** The earlier your information reaches us the earlier you may be awarded and your funds sent. You do not have to wait until the deadline date to send your information.

- **2013-14 Application:** Only one is needed for the 2013-14 school year. You DO NOT need to complete a new application for the spring semester if you completed one for the fall 2013 semester. Should your mailing or email address change, call the Higher Education office to update your file.

- **Tribal Membership Card and Certificate of Degree of Indian Blood:** COPIES ONLY

- **Transcript:** Cumulative hours and grade point average must be included on transcript
  
  Of the following, choose the one that applies to you.
  
  * Beginning freshman students must provide a final high school transcript or GED verification.
  * Current college students must provide an up to date unofficial or official college transcript.
  * Concurrent high school students must submit current transcript.

- **Class schedule:** Schedule must show the classes and number of credit hours enrolled for the spring 2014 semester. Please make sure your name and the name of the school is on the schedule. It should also match the school listed on the FNA.

- **Financial Needs Analysis Form:** (FNA) The enclosed FNA must be completed by the Financial Aid Office at the school you plan to attend after you have completed your FAFSA application. You will need to follow up with our office to verify receipt of the FNA. This form is the only document that may come in alone, most schools will send it in after completing. Only one form is needed for the 2013-14 school year, **unless** you change schools. Concurrent high school students do not need to complete the FNA.

Should you have questions feel free to contact this office at the numbers listed.

Sincerely,

Larry Wade, Director
Choctaw Nation Higher Education Program
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED; ALL INFORMATION REQUESTED MUST BE PROVIDED WITH THIS APPLICATION
To complete this application, please print in ink.

Student Information

____________________________________  __________________    ___
Male _ __Female        ___Single ___Married

Social Security Number     Date of Birth & Age
_________________________________________________________________________________________

Last Name First Name Middle    Maiden
_________________________________________________________________________________________

Address       City   State  Zip

(____)___________________________________________________________________________________
Telephone Number   Tribal Affiliation   Degree     Number of Dependents

High School Information

Name of High School          Date of Graduation
_______________________________________________
Type of High School
          _BIA _Public __Private _GED

Address       City   State  Zip

College Information (this is the school you will attend during the 2013-14 school year)

Name of College          Expected Grad Date (M/Y)          College Major

Address       City   State  Zip

If you have applied for this grant before, last year you applied?

Students planning to attend summer: Call the Higher Education office beginning in April regarding summer qualification.

Classification

X Mark one          X Mark one          X Mark all that apply
__ Freshman          __ Associate    __ Spring 2014
__ Sophomore          __ Bachelors
__ Junior          __ Masters
__ Senior          __ Doctorate
__ Graduate or above          __ Other
__ Concurrent H.S.

Degree

Status

X Mark each semester attending
___ Full Time or ___ Part Time (Spring)

***Contractual Agreement*** I declare that I will use any funds I receive under the Choctaw Nation Higher Education Program solely for expenses connected with attendance at the institution listed above. I hereby certify that the above information is true and correct to the best of my knowledge. I grant consent to release this information to the necessary agencies in order to complete my financial aid package. Further, I authorize the Choctaw Nation of Oklahoma to verify my enrollment and/or eligibility with the National Student Clearinghouse. I WILL PROVIDE A COPY OF MY GRADES AND CLASS SCHEDULE TO THE CHOCTAW NATION HIGHER EDUCATION OFFICE AT THE COMPLETION OF EACH SEMESTER.

Signature of Student        Date

Choctaw Nation of Oklahoma
Department of Higher Education
P. O. Box 1210   Durant, Ok. 74702-1210
Toll Free (800) 522-6170 or (580) 924-8280
Email: lelar@choctawnation.com
Fax (580) 924-1267

Application Type: 
___ New 
___ Renewal 
___ Concurrent H.S.
Concurrent high school students do not need the FNA form.

Application deadline date: March 1, 2014 for Spring Funding
Financial Needs Analysis (FNA)

PART I – TO BE COMPLETED BY STUDENT

Students Full Name: ____________________________________________ Maiden Name (if applicable) _________________

Mailing Address: ____________________________________________ City________________________ State____ Zip Code____

Social Security No: __________________________ Date of Birth: __________________ Telephone: __________________________

I grant permission to (name of school) ___________________________ to release information stated below to the

Higher Education Program of the Choctaw Nation of Oklahoma. Student Signature: ________________________________

PART II – TO BE COMPLETED BY THE FINANCIAL AID OFFICER

*** FORM SHOULD BE COMPLETED FOR SCHOOL YEAR 2013-2014 ***

<table>
<thead>
<tr>
<th>SCHOOL EXPENSES</th>
<th>STUDENT RESOURCES</th>
<th>AWARDS</th>
</tr>
</thead>
<tbody>
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<td>Tuition</td>
<td>Family Contribution</td>
<td>PELL ______</td>
</tr>
<tr>
<td>Fees</td>
<td>Student Contribution</td>
<td>SEOG ______</td>
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<tr>
<td>Books</td>
<td>Veteran’s Benefits</td>
<td>Work Study</td>
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<tr>
<td>Supplies</td>
<td>Social Security</td>
<td>Perkins</td>
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<tr>
<td>Room &amp; Board</td>
<td>Vocational Rehabilitation</td>
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<tr>
<td>Dependency Allowance</td>
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<td>Transportation</td>
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<td>Personal Expenses</td>
<td>State Indian Scholarship</td>
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<tr>
<td>Loan Fees</td>
<td>Other (List)</td>
<td>University Scholarship</td>
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<tr>
<td>Other (List)</td>
<td>_________</td>
<td>Off Campus Scholarship</td>
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<td>Direct Loan</td>
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<td>PLUS</td>
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<td></td>
<td>Other (List)</td>
</tr>
</tbody>
</table>

Total Expenses _________ Total Resources _________ Total Awards _________

Classification: Fr_____ Soph_____ Jr_____ Sr_____ Grad_____ Part-Time_____ Full-Time _____ Unmet Need ________

This student aid package is consistent in type and amount with packages prepared for students in similar circumstances who are not eligible for BIA assistance. **New vendors**: The school name and address used below should be consistent with information provided when completing a W-9 form.

FINANCIAL AID OFFICER:

Signature:________________________________________

Email:________________________________________

Date:________________________________________

Tax Identification Number (TIN):

INSTITUTION:

Name:________________________________________

Address:________________________________________

Phone #:________________________________________

Fax #:________________________________________