

NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT

P.O BOX 307

LAME DEER, MT. 59043

www.cheyennation.com

(406) 477-6567 (406) 477-6602 (406) 477-6643 (406) 477-6770 1-800-353-8180 FAX: (406) 477-8150

The Northern Cheyenne Education Department Student Needs Analysis:

Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Year In College: \_\_\_\_\_

Major/Minor: \_\_\_\_\_ Year In Vocational Training: \_\_\_\_\_ Training: \_\_\_\_\_

Consent To Release

I hereby Authorize the Financial Aid Office to Release any Financial aid Information contained in my records and request this needs analysis Be sent to the names entity on this form.

Date: \_\_\_\_\_

Name of Entity: Northern Cheyenne Tribal Education Department

Address: P.O Box 307 Lame Deer, Mt. 59043

Fax/E-mail: (406) 477-8150—darleneh@rangeweb.net

alvina.nightwalker@cheyennation.com

Signature Required

Financial aid office only

Request for funding: FALL/WINTER/SPRING/SUMMER Summer

Specify which System: Quarter/Semester/Tri-Semester/

Funding Period: From: \_\_\_\_\_ To \_\_\_\_\_

Which will begin on (Date): \_\_\_\_\_

This Student is Considered: Independent / Dependent

Credits: 1-5 / 6-8 / 9-11 / FULL TIME

Expenses: (COA)

Tuition \$ \_\_\_\_\_
Fees \$ \_\_\_\_\_
Books/Sup \$ \_\_\_\_\_
Room \$ \_\_\_\_\_
Board \$ \_\_\_\_\_
Transportation \$ \_\_\_\_\_
Personal \$ \_\_\_\_\_
Other \$ \_\_\_\_\_

Resources:

Student Contribution \$ \_\_\_\_\_
Parent Contribution \$ \_\_\_\_\_
Spouse Contribution \$ \_\_\_\_\_
Veterans Benefits \$ \_\_\_\_\_
Social Security \$ \_\_\_\_\_
Indian Fee Waiver \$ \_\_\_\_\_
AFDC \$ \_\_\_\_\_
Other (Specify \$ \_\_\_\_\_

Campus Aid Resources:

PELL \$ \_\_\_\_\_
SEOG \$ \_\_\_\_\_
SSIG \$ \_\_\_\_\_
CWS \$ \_\_\_\_\_
NDSL \$ \_\_\_\_\_
GSL \$ \_\_\_\_\_
Scholarship \$ \_\_\_\_\_
Other \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

TOTAL RESOURCES \$ \_\_\_\_\_

\$ \_\_\_\_\_
(Expenses Minus Resources)

Students Need Recommended to the Tribal Education Department by the financial Aid Officer:

Name or Institution: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date: \_\_\_\_\_