

NORTHERN CHEYENNE TRIBAL EDUCATION DEPARTMENT

P.O BOX 307

LAME DEER, MT. 59043

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

The Northern Cheyenne Tribal Education Department student Needs Analysis for:

Name: _____ SS#: _____ Date of Birth: _____

E-mail Address: _____ Marital Status: _____

Year In College: _____ Major/Minor: _____

Year In Vocational Training: _____ Training: _____

Request For Funding: Fall / Winter / Spring / Summer Specify Which System: Quarter / Semester / Tri Semester / Summer

Funding Period: From: _____ To _____

Which will begin on (Date): _____ This Student is Considered: Independent / Dependent Credits: 1-5 / 6-8 / 9-11 / FULL-TIME

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 named entity on the form.

Date: _____

Name of Entity: Northern Cheyenne Tribal Education Department

Fax /Email: _____

Mailing Address: _____ City: _____

Signature Required

State: _____ Zip : _____

Expenses: (COA)

Resources:

Campus Aid Resources:

Table with 3 columns: Expenses (COA), Resources, and Campus Aid Resources. Rows include Tuition, Fees, Books/Sup, Room, Board, Transportation, Personal, Other, Student Contribution, Parent Contribution, Spouse Contribution, Veteran Benefits, Social Security, Indian Fee Waiver, AFDC, Other (Specify), PELL, SEOG, SSIG, CWS, NDSL, GSL, Scholarship, and Other.

Total Expenses \$ _____

Total Resources \$ _____

Student Need Recommended to the Tribal Education Department by Financial Aid Officer:

\$ _____

(Expenses Minus Resources)

Name or Institution: _____

Signature: _____

Telephone Number: _____

E-Mail Address: _____

Date: _____