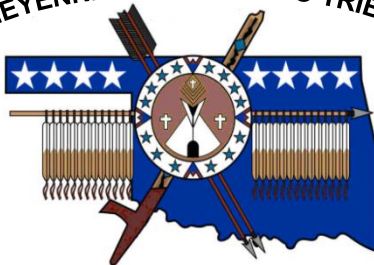


# Department of Labor

P.O. Box 67, Concho, OK 73022

CHEYENNE AND ARAPAHO TRIBES



DREAMS Program  
Kathleen Tall Bear, Director

1.800.247.4612. x.27564

Office (405) 422-7564

ktallbear@cheyenneandrapaho-nsn.gov

## Financial Needs Analysis

This Financial Needs Analysis is for:

Academic Year \_\_\_\_/\_\_\_\_

Full-Time Students Only

### Part 1- To be completed by student

Student's Name \_\_\_\_\_ SS# \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced Dependants (not including student) \_\_\_\_\_

Tribe \_\_\_\_\_ Tribal Roll # \_\_\_\_\_ Blood Quantum/Degree \_\_\_\_\_

Type of School \_\_\_ Vo-Tech \_\_\_ Private \_\_\_ BIA \_\_\_ Other \_\_\_\_\_

Status: \_\_\_ New Student \_\_\_ Continuing \_\_\_ Former \_\_\_ Transfer(Where) \_\_\_\_\_

Program or field of study: \_\_\_\_\_

Length of program (months): \_\_\_\_\_ Number of Clock Hours \_\_\_\_\_ Begin Date \_\_\_\_\_ Complete Date \_\_\_\_\_

Applied for: Pell Grant \_\_\_\_\_ State Grant \_\_\_\_\_ BIA Grant \_\_\_\_\_ IHS Grant \_\_\_\_\_ Work Study \_\_\_\_\_ Other \_\_\_\_\_

Comments/Remarks: \_\_\_\_\_

### Part 2-To be completed by the Financial Aid Officer

SCHOOL EXPENSES		STUDENT RESOURCES		AWARDS	
TUITION	\$	FAMILY CONTRIBUTION	\$	PELL	\$
FEES	\$	STUDENT CONTRIBUTION	\$	STATE	\$
BOOKS	\$	VETERAN'S BENEFITS	\$	BIA	\$
SUPPLIES	\$	SOCIAL SECURITY BENEFITS	\$	IHS	\$
TRANSPORTATION	\$	VOCATAIONAL REHABILITAION	\$	WORK STUDY	\$
PERSONAL EXPENSE	\$	TANF	\$		\$
OTHER (LIST)	\$	OTHER (LIST)	\$		\$
	\$		\$	TOTAL AWARDS	\$
TOTAL EXPENSES	\$	TOTAL RESOURCES	\$	TOTAL FINANCIAL NEED \$	
\$	PER SEMESTER @	SEMESTER(S)	TOTAL EXPENSES:	\$	LESS TOAL AWARDS \$
\$	PER SEMESTER @	SEMESTER(S)	LESS TOTAL RESOURCES	\$	UNMET NEED \$

THIS STUDENT AID PACKAGE IS CONSISTENT IN TYPE AND AMOUNT WITH PACKAGES PREPARED FOR STUDENTS IN SIMILAR CIRCUMSTANCES

FINANCIAL AID OFFICER: \_\_\_\_\_ INSTITUTION: \_\_\_\_\_

DATE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

### STATEMENT OF PRIVACY

The Cheyenne-Arapaho Tribes has a contract with the Bureau of Indian Affairs' Adult Vocational Training Program Assistance which operates under the authority for solicitation of information under 23 U.S.C 13(42Stat. 208) and P.L. 88-230 (77Stat. 471, U.S.C. 309). In accordance with the accountability required for the Administration of funds appropriated for the program and in order to provide services to recipients, and to declare eligibility, certain information is needed of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the applicant to provide the requested information will preclude to applicant from eligibility in obtaining higher education assistance under this program.

I have read the statement listed with this application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_