



COMANCHE NATION
OFFICE OF HIGHER EDUCATION
SUMMER APPLICATION

DEADLINE APRIL 1

NAME: _____ TRIBAL# _____

ADDRESS: _____ SSN: _____

_____ PHONE: () _____

EMAIL ADDRESS: _____ CELL: _____

COLLEGE/UNIVERSITY _____

MAJOR: _____ MINOR: _____

CLASSIFICATION: FR ____ SO ____ JR ____ SR ____ GR ____

INFORMATION TO BE INCLUDED WITH THIS APPLICATION:

1. OFFICIAL TRANSCRIPTS (Should be mailed directly to us after your grades have been posted.)
2. OFFICIAL SUMMER ENROLLMENT SCHEDULE
3. COMPLETED FINANCIAL AID NEED ANALYSIS (FNA) FORM (Take FNA form to the Financial Aid Office and they will mail/fax it back to us.)

Are you a continuing student from the Spring semester? Yes ____ No ____

STUDENT SIGNATURE _____

DATE _____

Summer funding is dependent upon the availability of funds and first priority is given to Seniors scheduled to graduate. If you have any questions, contact us at:

PHONE: 580.492.3363

TOLL-FREE: 1.877.703.2288

FAX: 580.492.4017

COMANCHE NATION OFFICE OF HIGHER EDUCATION

P.O. Box 908 Lawton, OK 73502

Phone: (580) 492-3363 · Fax: (580) 492-4017

FINANCIAL AID NEED ANALYSIS FORM (FNA)

To be completed by the student:

NAME: _____ TRIBAL #: _____

ADDRESS: _____ SSN: _____

Address

City

State

Zip Code

PHONE: _____

EMAIL: _____ CELL: _____

APPLYING FOR: FALL ___ SPRING ___ FALL QTR ___ WINTER QTR ___ SPRING QTR ___ SUM ___

GRADUATE ___ SENIOR ___ JUNIOR ___ SOPHOMORE ___ FRESHMAN ___

MAJOR: _____

You must complete the "Free Application for Federal Student Aid" (FAFSA/PELL)

Please send FNA to the Financial Aid Office at your college

To be completed by the Financial Aid Office:

- 1. Complete the FNA only after a student has submitted the required financial aid forms (i.e., FAFSA, etc.)
2. Please do not consider loan eligibility when calculating resources. We prefer that our students use their Pell/Tribal funds first before they take out student loans. If loans are figured into the total resources (awards) the unmet need will be zero and we can only fund a students unmet need. Thank you.
3. Send original to the Comanche Nation Office of Higher Education. To speed up the payment process, a faxed copy will suffice until the original arrives.

EXPENSES:

RESOURCES:

TUITION/FEES _____

FAMILY CONTRIBUTION _____

PELL _____

BOOKS _____

STUDENT CONTRIBUTION _____

SEOG _____

ROOM/BOARD _____

VETERANS BENEFIT _____

CWSP _____

TRANSPORTATION _____

OTHER _____

PERSONAL _____

OTHER _____

TOTAL _____

STUDENT EXPENSES \$ _____

TOTAL RESOURCES \$ _____

UNMET NEED \$ _____

STUDENT NEED recommended for the Comanche Scholarship \$ _____

Full-Time: _____ Part-Time _____

Other: _____

Comanche Scholarship will cover expenses for the period: Month _____ Year _____ To Month _____ Year _____

Signature of Financial Aid Officer

Institution

Address

Phone

Date