



COMANCHE NATION OFFICE OF HIGHER EDUCATION

P.O. Box 908, Lawton, OK 73502

Phone: (580) 360-0526- ~ E-Mail: highereducation@comanchenation.com

FINANCIAL AID NEED ANALYSIS FORM (FNA)

To be completed by the student:

Name: _____ Tribal # _____
Address: _____ SSN: _____
Home Phone: _____
Email: _____ Cell: _____
Applying for: ☐ Fall & Spring ☐ Fall only ☐ Spring only ☐ Fall Quarter ☐ Winter Quarter ☐ Spring Quarter
I am classified as a: ☐ Graduate ☐ Senior ☐ Junior ☐ Sophomore ☐ Freshman
My Major in college is: _____ or ☐ I have not decided my Major yet.

PLEASE SIGN: I authorize the release of my academic & financial information to the *Comanche Nation Office of Higher Education*:

Student Signature: _____ Date: _____

NOTE: 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 your college 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 (awards).
 - a. We prefer that our students use their Pell/Tribal funds before they take out student loans.
3. Send original to the Comanche Nation Office of Higher Education. To speed up the payment process, an emailed copy will suffice until the original arrives.

Student 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 = \$ _____

Student is: ☐ 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