

COMANCHE NATION OFFICE OF HIGHER EDUCATION

Renewal College Scholarship Application



DEADLINES:

FALL JUNE 1

SPRING OCT 1

STUDENTS:

You must have your renewal application turned in to the Higher Education Office by the deadlines listed above.

Your application requires the following documents:

- **OFFICIAL COLLEGE TRANSCRIPT** (should be sent directly to us)
- **GRADES FOR PREVIOUS CLASSES**
- **ENROLLMENT SCHEDULE FOR THE UPCOMING SEMESTER**
- **FINANCIAL NEEDS ANALYSIS for the next whole Academic Year**

1. Please remember to renew your FAFSA online after you file your taxes. Do not forget to use your PIN number to update your FAFSA online for the next Academic Year.
2. **Complete the part of the FINANCIAL AID NEED ANALYSIS (FNA) form in the section which states “to be completed by the student”.** Once you fill this portion out, you may provide it to your Financial Aid institutions to fill out their portion. The FNA cannot be completed by the College/University until you have completed the Free Application for Federal Student Aid (FAFSA) and signed electronically with your PIN number.
3. Please make arrangements to have your **OFFICIAL TRANSCRIPT** sent to the Comanche Nation Higher Education after your grades have been posted for the academic year.

Comanche Nation Office of Higher Education
P.O. Box 908
Lawton, OK 73502

PHONE: (580) 360-0526

E-MAIL: highered@comanchenation.com



COMANCHE NATION OFFICE OF HIGHER EDUCATION

P.O. Box 908 Lawton, OK 73502
 Phone: (580) 699-7218 ~ Fax: (580) 492-4017 ~ Email: highered@comanchenation.com

FINANCIAL AID NEED ANALYSIS FORM (FNA)

To be completed by the student

Name: _____ Tribal # _____
 Address: _____ SSN: _____
 Email: _____ Mobile Phone : _____
 Student ID #: _____

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

- Complete the FNA only after a student has submitted the required financial aid forms (i.e., FAFSA, etc.)
- Please do not consider loan eligibility when calculating resources (awards).
 - We prefer that our students use their Pell/Tribal funds 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 student's unmet need.
- 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 _____

Financial Aid information is valid for the period: Month _____ Year _____ TO Month _____ Year _____

Signature of Financial Aid Officer _____ Institution _____

Address to Mail Scholarship Checks _____ Phone _____ Date _____



**COMANCHE NATION HIGHER EDUCATION
Student Request to Share Information & FERPA Waiver**

Your educational records are confidential, protected by the Family Educational Rights and Privacy Act (FERPA). We cannot release this information to anyone other than you without written authorization. This form is designed you to authorize us to release information to the person(s) or organization(s) listed below.

_____ Student Name (Please Print)

_____ CDIB

I understand that the Family Education Rights and Privacy Act of 1974 as amended (FERPA) protects the privacy of my student educational and financial records and limits access to the information contained in those records. _____
(Initial here)

I authorize CNHE to release any or all of my educational and financial records to the individual (s)/organization(s) listed below.

OR

I authorize CNHE to release only the following information:

(i.e. grades, transcripts, enrollment/attendance records, accounting, and financial aid information results of disciplinary proceedings)

Parents, guardians, or family members to whom my records may be released (These individuals will be required to provide proof of identification before information can be released):

Name: _____
Relationship to student: _____ Last 4 digits of SS# _____ Date of Birth _____
E-mail address and Telephone #: _____

Name: _____
Relationship to student: _____ Last 4 digits of SS# _____ Date of Birth _____
E-mail Address and Telephone #: _____

Other persons, agencies, institutions or organizations to whom my records may be released (Please include name of organization and contact person, address, and telephone number):

I understand that:

1. I have the right not to consent to the release of my educational and financial records;
2. This consent shall remain in effect until I submit a written request to cancel this authorization.
3. This form must be renewed yearly.

_____ Date _____ Print Name of Student _____ Student's Signature _____

For this form to be validated for CNHE use, it must be completed and sent to the Higher Education department.

By mail: Comanche Nation Higher Education In person: Comanche Nation Education Center
P.O. Box 908 1608 S.W. 9th Street
Lawton, OK 73502 Lawton, OK 73502

Email: highered@comanchenation.com

For office use only:

Received and logged by CNHE (staff initial and date:) _____