



Yankton Sioux Tribe

Higher Education/Adult Vocational Training Program

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Wagner, SD 57380

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If you are unable to submit using the "Submit By Email" button on the right you will need to download the PDF file, Save and then submit via your own email.

FINANCIAL AID NEEDS ANALYSIS (FNA)

Please Note: All undergraduate students are required to complete and submit the Free Application for Federal Student Aid (FAFSA) before eligibility can be determined. The appropriate college/university is then responsible for completing Part 2 of this form.

It is the STUDENTS responsibility to submit this form to the college/university and to the YSTHE/AVP when completed.

PART 1: (To be completed by Student, Print Clearly Please)

First Name	Last Name	MI	Date of Birth	Social Security Number
Address	City	State	Zipcode	Telephone Phone
Year in College	Major Declared	Credit Hours Completed	Student ID #	
Marital Status	No. of Dependents	Active Email Address		

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND CONSENT TO THE RELEASE OF THIS INFORMATION TO THE NECESSARY AGENCIES TO COMPLETE MY FINANCIAL AID.

SIGNATURE OF STUDENT

DATE

OFF-RESERVATION DEADLINES

July 1st for new and returning for new academic year
December 1st for Spring semester only

ON-RESERVATION DEADLINES

September 1st for new and returning for the new academic year
January 1st for Spring semester only

PART 2: (To be completed by the financial aid officer.)

This student has applied to the Higher Education/Adult Vocational Training Scholarship Programs for funding assistance. Financial Aid information will be required from your office before any further action can be made on this application. We would appreciate your assistance in completing and forwarding this form back to the above address or to the student. Thank you very much.

Budget Period from _____ to _____ which will begin (date):

This institution is on: Semesters _____ Quarters _____ Other: _____

This student is considered: Freshman _____ Sophomore _____ Junior _____ Senior _____

This student is considered: dependent _____ Independent _____ Attending: Full-Time _____ Part-Time _____

Is this student currently considered to be on any of the following: academic probation _____ financial-aid suspension _____ PELL ineligible _____

STUDENT RESOURCES

Parent Contribution \$	PELL GRANT \$
Student/Spouse Contr.\$	FSEOG \$
VA Benefits \$	NDSL \$
College/Univ. Schol.\$	FCWS \$
Federal Stafford \$	SCHOLARSHIPS \$
Federal SLS \$	FEDERAL PERKINS \$
College/Univ. Loans\$	STATE GRANTS \$
Subsidized loans \$	Tuition Waivers \$
PLUS LOANS \$	TOTAL RESOURCES \$

STUDENT EXPENSES

TUITION \$
FEES \$
BOOKS \$
ROOM \$
BOARD \$
TRAVEL \$
MISC \$
OTHER \$
TOTAL EXPENSES \$

THIS STUDENT HAS AN UNMET NEED OF:

This analysis is: Estimated _____ Acutal _____ Revised: _____

Type/print Financial Aid Administrator name:

Signature

Date

Name of College

Address

City

State

Zipcode

Phone Number

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