



Part 1. To be completed by student and forwarded to a university financial aid office. Please read all instructions carefully.

SSN: _____ Name: _____ Student ID# _____

Address: _____ Phone: (____) _____

“I understand I must submit the Free Application for Federal Student Aid (FAFSA) and apply for campus-based aid. I agree to do so no later than June 30, 2024. I am responsible for contacting NHI prior to June 30, 2024 for the AY 2024-2025 to confirm that this form has been received. If I DO NOT comply with the NHI Criteria I understand my application will be denied”. **Release of Information:** I authorize the institution represented below to provide any/all information requested to NHI in order to evaluate my student financial need (including revisions) throughout the academic period covered in this application.

Applicant’s Signature: _____ Date: _____

Indicate the academic period for which you want the college financial aid office to provide budget information.

AY 2024-2025 (Sept.-May/9 month period ONLY) or 2024-2025 Partial Year specify terms: Fall Winter Spring

PART 2. FINANCIAL AID OFFICE: Complete Part 2 for the period checked above. The **final deadline** for this form to be in NHI’s office is July 17, 2024 for the AY 2024-2025 with no late exceptions. Faxed FNFs are not accepted, scanned copies allowed to jules@lovingsservice.us but please follow-up by mailing original. **Please estimate cost & resources if the student file is not complete by NHI’s deadline.** We cannot consider the student’s application until NHI receives this completed form. See page 2 for further instructions.

Budget Period: Check only one.

- Academic Year: Aug/Sept 2024– May 2025
- 2024-2025 Partial Year, Specify: Fall Winter Spring

Academic Term of Student’s Program:

Please check one: Semester Quarter

Cost of Attendance:

Tuition \$ _____
Fees _____
Book & Supplies _____
Room & Board _____
Personal/Misc _____
Transportation _____

Campus-Based Aid and Other Resources:

Perkins \$ _____ Student Contribution _____
Stafford _____ Indian Health Service _____
Work Study _____ Dept. of Education _____
Scholarship _____ Assistantship _____
School Grant _____ Pell Grant _____
Tuition Waiver _____ SEOG _____
Tribal Assistance _____ Other: _____

TOTAL COST: \$ _____

TOTAL RESOURCES: \$ _____

UNMET NEED: \$ _____

The following question must be answered:

Has student submitted Free Application for Federal Student Aid (FAFSA) and campus-based aid application? _____

Comments: _____

University: _____ FAO Print Name: _____

Address: _____ Signature: _____

City/State/Zip: _____ Title: _____

FA Office Phone: (____) _____ Date Signed FNF: _____

Fax: (____) _____ Email: _____