



NITSÁHÁKEES

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NAVAJO TECHNICAL UNIVERSITY

ESTABLISHED 1979

NTU SUPPLEMENTAL APPLICATION FINANCIAL AID OFFICE (AY2122)

Term Applying?

Fall 2021	<input type="checkbox"/>
Spring 2022	<input type="checkbox"/>
Summer 2022	<input type="checkbox"/>

Tribal Agency

Chinle	<input type="checkbox"/>
Crownpoint	<input type="checkbox"/>
Fort Defiance	<input type="checkbox"/>
Shiprock	<input type="checkbox"/>
Tuba City	<input type="checkbox"/>
Other:	<input type="checkbox"/>
None	<input type="checkbox"/>

Classification

New Student	<input type="checkbox"/>
Returning	<input type="checkbox"/>
Transfer	<input type="checkbox"/>
Dual Enrollment	<input type="checkbox"/>
Graduate (MA/MS)	<input type="checkbox"/>

Enrollment Status:

Fulltime (12+)	<input type="checkbox"/>
Three Quarter (9-11)	<input type="checkbox"/>
Halftime (6-8)	<input type="checkbox"/>
Less than Halftime (5 or less)	<input type="checkbox"/>

Attending Location:

Crownpoint	<input type="checkbox"/>
Chinle	<input type="checkbox"/>
Zuni	<input type="checkbox"/>
Bond Wilson	<input type="checkbox"/>
Teec Nos Pos	<input type="checkbox"/>

Student Contact Information

Student Name: _____ DOB: _____ NTU ID#: _____
 Mailing Address: _____ SS#: _____
 City, State, Zip: _____ Phone #: _____

High School and Previous College Information

High School Equivalency Verification:

Did you complete and receive a HS Diploma, GED or Homeschooled? Yes No

Name of High School _____ MM/YYYY _____

Previous College(s): _____ Dates Attended _____
 Degree Received? Yes No Degree Type: _____

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 Degree Received? Yes No Degree Type: _____

Previous College(s): _____ Dates Attended _____
 Degree Received? Yes No Degree Type: _____

Type of Degree Received or Earned?

None	Cert	AAS	AA/AS	BAS/BA/BS	MA/MS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Institutional Reporting (Optional)

	Yes	No
Are you a First-Generation Student?	<input type="checkbox"/>	<input type="checkbox"/>
Are you responsible for elderly family member in home?	<input type="checkbox"/>	<input type="checkbox"/>
Did you participate in a Headstart Program?	<input type="checkbox"/>	<input type="checkbox"/>

Are you a Native Language Speaker?

	None	Conversational	<input type="checkbox"/>
	Limited	Fluent	<input type="checkbox"/>

Student's Signature: _____ Date: _____