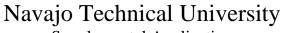
## Attending Location Crownpoint Chinle Zuni Kirtland Teec Nos Pos Online



Supplemental Application Financial Aid Office 2023-2024



Tribal Agency	
Chinle Agency	
Eastern Agency	
Fort Defiance Agency	
Northern Agency	
Western Agency	
Other Tribal Agency:	
None	



Enrollment Status	
Fulltime (12+)	
Three Quarter (9-11)	
Halftime (6-8)	
Less than Halftime (5 or fewer)	

Classification	
New Student	
Returning	
Transfer	
Graduate (MA/MS/PhD)	
Non-Degree Seeking	

Term Applying	7
Fall 2023	
WTR Intersession	
Spring 2024	
SPR Intersession	
Summer 2024	

			Summer 2024	
	Student C	ontact Informati	ion	
Student Name:		DOB:	Sk	yhawk ID#:
Mailing Address:		SS#:		
City, State, Zip:		Phone #:		
	High School and Pr	revious College	Information	
High School Equivalency Verificate Did you complete and receive a I		chooled?	Yes No	
Name of High School			MM/YYYY	
Previous College(s): Degree Received? Yes	No		Degree Type:	
Previous College(s): Degree Received?  Yes	No		Dates Attended Degree Type:	
1st Major:		2nd Major: _		
None	Cert AAS	AA/AS	BAS/BA/BS	MA/MS/PhD
L				
Institutional Reporting (Optional)		Yes No	Are you a Native I	anguage Speaker?
Are you a First-Generation College student?			None	Conversational
Are you responsible for elderly family members in home?			Limited	Fluent
Did you participate in a Head Start Pro			<u> </u>	
Are you employed <b>less</b> than 20 hours/week (excluding work-study)?			How many miles of	lo you travel one way to school?
Are you employed <b>more</b> than 20 hours/week (excluding work-study)?			Please specify mile	es:
	te in the Title IV Federal Stud t qualify for financial aid, wha			

Have you applied for any scholarships?

AICF/Cobell	Tribal Scholarship	State Grant	Work Study	Payment Plan	Savings	Parents	Other

Student Signature:	Date:	
Stadent Signature.	Date.	