Attendi	ng	Invoid	r Taab	mical	I In		raita	Tribal Agency	
Location Navajo reclinical							ISILY	Chinle Agency	
Crownpoint Supplemental Ap					licat	tion		Eastern Agency	
Chinle			Financia	al Aid O	ffice	Э		Fort Defiance Agency	
Zuni			202	24-2025				Northern Agency	
Kirtland			_01					Western Agency	
Teec Nos Pos								Other Tribal Agency:	
Online								None	
	Enrollment St	atus		assificatio	)n		Term Applyi	ng	
	Fulltime (12+) Three Quarter (9-11) Halftime (6-8)			w Student			Fall 2024		
			Returning Transfer				WTR Intersession		
							Spring 2025		
F	Less than Halftime (5 or fewer)		Graduate (MA/MS/Ph) Non-Degree Seeking				SPR Intersession		
			Non-D	egree Seeking			Summer 2025		
<u>a. 1 </u>		Stu	udent C	ontact I	nfor				
Student Name: DOB:									
Mailing Address:     SS#:       City, State, Zip:     Phone #:									
City, State, Zip					P	none #	·:		
	Hig	h Schoo	and P	revious	Coll	ege I	nformation		
High School Equivalency Verification:									
Did you comple	ete and receive a HS D	Diploma, G	ED, or Hon	neschooled?	Y	es	N	lo	
Name of High	School						MM/YYYY		
Previous College(s): Dates Attended									
Degree Receive		No					Degree Type:		
Previous College(s): Dates Attended									
Degree Receive	ed? Yes	No					Degree Type:		
Program of Study:									
None Cert AAS A					/AS		BAS/BA/BS MA/MS/PhD		
rtone							BIIG/BII/BO		
Institutional Reporting					Yes	No	Are you a Native Language Speaker?		
1 0					105	110			
Are you a First-Generation College student?							None	Conversational	
Are you responsible for an elder family member in your home?							Limited	Fluent	
Did you partici	pate in a Head start Pr	ogram?							
Are you employed <b>less</b> than 20 hours/week (exclude work-study)?							How many miles	do you travel one way to school?	
Are you employed <b>more</b> than 20 hours/week (exclude work-study)?							Please Specify miles:		
If you are inel	igible for Federal Stu	ident Aid,	what are y	our plans f	or fin	ancing	your education?		
Scholarships:									
Payment Plan:									
Other (i.e. works	study) :								
Student's Si	gnature:					D	ate:		
By signing this document, you confirm your understanding of your responsibility to cover student charges.									
Navajo Technical University PO Box 849, Crownpoint, NM 87313 OR PO Box 849, Chinle, AZ 86503 email: finaid@navajotech.edu									