

DEPARTMENT OF DINÉ EDUCATION
OFFICE OF DINÉ YOUTH
P.O. Box 1599
Window Rock, AZ 86515
Telephone No: (928) 871-6518/6882; Fax No: (928) 871-7618

EDUCATIONAL FINANCIAL ASSISTANCE

I. General Information

The Office of Diné YOUTH administers financial assistance to eligible youth utilizing 1982 Land Claims Settlement Trust Funds. Financial assistance awarded through the Office of Diné YOUTH is based on the Financial Needs Analysis (FNA) that is prepared by the school Financial Officer or; designated individual. Financial Assistance is awarded in two categories when funds are available:

1. Academic Year for College Preparatory students in Grades 9-12
2. Summer Enrichment Program for students in Grades 7-12

II. Eligibility Requirements

- Be enrolled member of the Navajo Nation ($\frac{1}{4}$ or more Indian Blood)
- Be officially admitted/enrolled full time student to **accredited** College Preparatory School for Grades 9-12
- Complete all necessary forms for Educational Financial Assistance.
- Submit all application/documents by the deadline of;

College Preparatory:

****Spring 2019 due on/before January 11, 2019 @ 5:00 p.m.***

****Summer 2019 due on/before May 10, 2019 @ 5:00 p.m.***

****Fall 2019 due on/before June 28, 2019 @ 5:00 p.m.***

DOCUMENTS TO BE SUBMITTED EACH TERM/SEMESTER

New Applicants: (Did not receive funding from Educational Financial Assistance of the Navajo Nation the term /semester prior to current application.) ***All Summer Enrichment Applicants are considered as a new applicant.***

- Letter of Admission
- Official Certificate of Indian Blood (CIB)
- Completed Educational Financial Assistance Application
- Official High School Transcript:
 - * New applicant shall have a 3.3 Grade Point Average (GPA) or above**
- Two letters of Recommendation (Ex: School Teacher, Counselor or Administrator)
- One page essay:
 - * Applicant Topic: "Why I want to attend a Preparatory School"**
- Financial Needs Analysis (**Completed by School Financial Aid Officer**)

Continuing/Returning Applicants: (Have received funding from Educational Financial Assistance of the Navajo Nation term/semester prior to current application.)

- Complete Education Financial Assistance Application
- Official High School Transcript:
 - Applicant shall maintain a **3.3 Grade Point Average (GPA) or above.**
- Financial Needs Analysis (**Completed by School Financial Aid Officer**)

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EDUCATIONAL FINANCIAL ASSISTANCE APPLICATION

College Preparatory SPRING 2019: _____	Summer Enrichment Program SUMMER 2019: _____	College Preparatory FALL 2019: _____
(Check Mark Only One Term/Semester Applying for :)		

Personal and Family Data
COMPLETE ALL BLANKS

NAME: (LAST, FIRST, MIDDLE INITIAL)	CENSUS NO:	SOCIAL SECURITY NO:	EMAIL ADDRESS:
MAILING ADDRESS: (Box, City, State, Zip Code)		HOME TELEPHONE NO:	MESSAGE TELEPHONE NO:
DATE OF BIRTH:	AGE:	GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	TRIBE:
CHAPTER/AGENCY AFFILIATION: (Where parents vote)		GRADE IN HIGH SCHOOL:	DATE OF H.S. GRADUATION:

Have you previously attended any College Preparatory Program? Yes or No (Circle one)
 If yes, give name of School/Program and Dates.
 Name of School: _____ Date: _____

Name of School the Student will attend in this School term/semester and School address and dates of attendance:
 SCHOOL NAME: _____ DATE: _____
 ADDRESS: _____
 TELEPHONE NO: _____

Have you previously attended any Summer Enrichment Program? Yes or No (Circle one)
 If yes, give name of School/Program and Dates.
 Name: _____ Date: _____

Name of School the Student will attend in Summer, _____ (year) and School Address:
 SCHOOL : _____ DATE: _____
 ADDRESS: _____

FATHER'S NAME:	ADDRESS:	TELEPHONE #:	MESSAGE #:
_____	_____	_____	_____
MOTHER'S NAME:	ADDRESS:	TELEPHONE #:	MESSAGE #:
_____	_____	_____	_____

Students and Parents completely read agreement and application.

SIGN YOUR NAMES at the bottom to indicate agreement.

STUDENT AGREEMENT AND PARENTAL CONSENT

THE STUDENT AND PARENT(S) BY COMPLETING AND SUBMITTING THE APPLICATION FOR EDUCATIONAL FINANCIAL ASSISTANCE AGREES AND CONSENT TO THE FOLLOWING TERMS: (If funds are awarded)

NEW APPLICANT For College Preparatory Funds SHALL:

(Did not receive funding from Navajo Nation the term/semester prior to current application or returning student transferring to a different Preparatory school)

1. Have met all Educational Financial Assistance eligibility requirements.
2. Have submitted all required documents.
3. Be a full-time student with a cumulative Grade Point Average (GPA) of no less than 3.3 on a scale of 4.0 at the end of regular term/semester.
4. Be aware that funds will be paid directly to the School specified on the Application Form for educational expenses ONLY, if funds are awarded.
5. Submit to ODY within 30 days after the end of each term/semester, the following:
 - a) Grade Report
 - b) Official High School Transcript

Please Note: Failure to submit grades and transcript may result in future award suspension or denial.

6. Be aware that Educational Financial Assistance Funding **will not be transferred between institutions or students** during the academic terms/semester.

New Student Applicant Signature: _____

Date: _____

CONTINUING/RETURNING STUDENTS For College Preparatory Funds SHALL:

(Have received funding from Navajo Nation the term/semester prior to current application)

1. Have met all educational Financial Assistance Eligibility Requirements.
2. Have submitted all required documents.
3. Be a full-time student with a cumulative Grade Point Average (GPA) of no less than 3.3 on a scale of 4.0 at the end of regular term/semester.
4. Be aware that funds will be paid directly to the School specified on the Application Form for educational expenses ONLY, if funds are awarded.
5. Submit to ODY within 30 days after the end of each term/semester, the following:
 - a) Grade Report
 - b) Official High School Transcript

Please Note: Failure to submit grades and transcript may result in future award suspension or denial.

6. Be aware that Educational Financial Assistance Funding **will not be transferred between institutions or students** during the academic terms/semester.

Continuing Student Signature: _____

Date: _____

PARENTAL CONSENT:

I/We _____, Parents/Legal Guardian of _____ (student's legal name), hereby give consent/permission for the Office of Diné YOUTH to request and receive my child's transcript and academic financial information from the institution indicated on the Educational Financial Assistance application. I understand the information received will be utilized only in the review of my child's application for financial assistance from the Navajo Nation Office of Diné YOUTH.

Parent Signature: _____

Parent Signature: _____

Date: _____

Date: _____

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**FINANCIAL NEEDS ANALYSIS
(To be completed by School/Institution)**

Student Name:	SS#:
Address:	
Grade:	Name of School:

TERM APPLYING FOR PLEASE CHECK ONE

<p>COLLEGE PREP <input type="checkbox"/> SPRING 2019 DEADLINE: JANUARY 11, 2019</p>	<p>ENRICHMENT PROGRAM <input type="checkbox"/> SUMMER 2019 DEADLINE: MAY 10, 2019</p>	<p>COLLEGE PREP <input type="checkbox"/> FALL 2019 DEADLINE: JUNE 28, 2019</p>
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TO BE COMPLETED BY THE FINANCIAL AID OFFICER ONLY

The Financial Officer shall do the following:

1. Complete the FNA only after a student has submitted the required financial aid forms (School and Student Service for Financial Aid).
2. Consider all financial aid programs for which Navajo students qualify when determining the financial aid package.
3. Indicate "NE" (Not Eligible) next to listed resources for which students do not qualify.
- 4. Complete each line item under EXPENSES and RESOURCES.**
5. Send the original to the Office of Diné YOUTH and keep a copy for the student's file.
- 6. Indicate only the direct educational expense of the student applicant.**
- 7. Report all fellowships and special award programs;** a student/applicant should not accept full awards concurrently, if one awards covers the total cost.

EDUCATIONAL EXPENSES ONLY:	RESOURCES:
Tuition.....\$ _____	Parent Contribution.....\$ _____
Room/Board.....\$ _____	School Contribution.....\$ _____
Books.....\$ _____	Other (Specify).....\$ _____
Total Expenses.....\$ _____	Total Resources.....\$ _____
Financial Assistance recommended to ODY minus Total Expense from Total Resources =	Indicate Need Amount in the this box:
ODY-Educational Financial Assistance Committee Approval Award Amount =	\$ _____
	(ODY Use Only) APPROVE AWARD AMOUNT: \$ _____

_____/_____/_____/_____/ TO ____/_____/_____/_____/

Month Year Month Year

(INSTITUTION NAME AND ADDRESS)

DATE SIGNATURE TITLE

(Please Print Name)

TELEPHONE #: _____

FAX #: _____