DEPARTMENT OF DINÉ EDUCATION **DINÉ YOUTH** P.O. Box 1599

Window Rock, AZ 86515 Telephone No: (928) 871-6518/6882

EDUCATIONAL FINANCIAL ASSISTANCE

I. **General Information**

The Diné Y.O.U.T.H. administers Educational Financial Assistance (EFA) to eligible youth utilizing 1982 Land Claims Settlement Trust Funds. EFA awarded through the Diné YOUTH is based on the Financial Needs Analysis (FNA) that is prepared by the School Financial Aid Officer or designated individual. Educational Financial Assistance is awarded in two categories when funds are available:

- Academic Year for High School Preparatory students in Grades 9-12
- 2. College Summer Enrichment Programs for students in Grades 7-12

II. **Eligibility Requirements**

- Be enrolled member of the Navajo Nation (% or more Indian Blood)
- Be officially admitted/enrolled full-time student to accredited Post-Secondary Preparatory School for Grades 9-12
- Complete all necessary forms for Educational Financial Assistance.
- Submit all application/documents by Semester deadline dates as listed:
 - * Spring 2026 due on/before January 23, 2026 @ 5:00 p.m.
 - * Summer 2026 due on/before May 8, 2026 @ 5:00 p.m.
 - * Fall 2026 due on/before July 31, 2026 @ 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. Requires all original documents, copies are **NOT** acceptable.

- Letter of Admission
- Official Certificate of Indian Blood (CIB)
- Completed Educational Financial Assistance Application
- Official High School Transcript: (Must be Submitted by Financial Aid Officer)
 - > New applicant must 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: "Pursuing Academic Excellence Through Preparatory Education"
- Financial Needs Analysis (Completed & Submitted 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.) Requires all original documents, copies not acceptable.

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

New Student:	Diné \	Youth			
Return Student:	P.O. Box 1599				
GPA:	Window Rock, AZ 86515				
Complete:	Telephone No: (928) 871-6518/6882				
ODVINE ONLY	relephone No. (32	.0,071 0310,00	02		
ODY USE ONLY EDU	JCATIONAL FINANCIAL	ASSISTANCE AP	PLICATIO	N	
High School Preparato	ry College S	College Summer		High School Preparatory	
SPRING 2026:	Enrichment SU	Enrichment SUMMER 2026:		FALL 2026:	
(Chec	k Mark Only One Term	/Semester App	lying abo	ve:)	
	Personal and COMPLETE A	<u> </u>			
NAME: (First,M.I., Last)	CENSUS NO:	SOCIAL SECUR	TY NO:	EMAIL ADDRESS:	
MAILING ADDRESS: (Box, City, State, Zip Code)		HOME TELEPHONE NO:		MESSAGE TELEPHONE NO:	
DATE OF BIRTH	105	OFNES			
DATE OF BIRTH:	AGE:	GENDER: ☐ Male ☐ Female			
CHAPTER/AGENCY AFFILIATION: (Where parents vote)		GRADE IN HIGH SCHOOL:		DATE OF H.S. GRADUATION:	
Have you previously attende	d any High School Preparatory	/ v/Enrichment? Yes	or No (Circle	e one)	
If yes, give name of School/P		,,			
Name of School:			Date	2:	
Name of School the Student	will attend in this School term	/semester and Sch	ool address	and dates of attendance:	
SCHOOL NAME:				DATE:	
TELEPHONE NO:					
1	ed any Summer Enrichment Pr	ogram? Yes or No (Circle one)		
If yes, give name of School/P	rogram and Dates.		Date:		
Name of School the Student	will attend in Summer,	(vear) and Scl			
SCHOOL:		DATE:			
FATHER'S NAME:	ADDRESS:	TELEPH	ONE #:	MESSAGE #:	
		_			

Students and Parents completely read agreement and application.
SIGN YOUR NAMES at the bottom to indicate agreement.

TELEPHONE #:

ADDRESS:

MOTHER'S NAME:

MESSAGE #:

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 High School 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:			
CONTIN	UING/RETURNING STUDENTS for H	ligh School Preparatory Funds SHALL:			
(Have re	ceived funding from Navajo Nation	the term /semester prior to current application)			
1. H	Have met all Educational Financial A	ssistance eligibility requirements.			
2. H	2. Have submitted all required documents.				
	Be a full-time student with Accumulativend of regular term/semester.	e Grade Point Average (GPA) of no less than 3.3 on a scale of 4.0 at the			
		y to the School specified on the application form for educational			
	expenses ONLY, if funds are awarded.	y to the school specified on the application form for educational			
	·	end of each term/semester, the following:			
J. J	b) Grade Report b) Offic				
Pleas		transcript may result in future award suspension or denial.			
	_	istance Funding will not be transferred between institutions or student			
	during the Academic terms/semester.				
Continuing Student Signature:					
Con	tinuing Student Signature:	Date:			
	tinuing Student Signature: ENTAL CONSENT:	Date:			
PAR	ENTAL CONSENT:				
PAR I/We	ENTAL CONSENT:	, Parents/Legal Guardian of			
PAR I/We (stud	ENTAL CONSENT: e dent's legal name), hereby give cons	, Parents/Legal Guardian of sent/permission for the Office of Diné YOUTH to request and			
PAR I/We (stud rece	ENTAL CONSENT: dent's legal name), hereby give consive my child's transcript and acaden	, Parents/Legal Guardian of sent/permission for the Office of Diné YOUTH to request and nic financial information from the institution indicated on the			
PAR I/We (stud rece Educ	ENTAL CONSENT: dent's legal name), hereby give consive my child's transcript and acadentational Financial Assistance applica	, Parents/Legal Guardian of sent/permission for the Office of Diné YOUTH to request and nic financial information from the institution indicated on the tion. I understand the information received will be utilized only in			
PAR I/We (stud rece Educ the r	ENTAL CONSENT: dent's legal name), hereby give consive my child's transcript and acadentational Financial Assistance application for the content of the con	, Parents/Legal Guardian of sent/permission for the Office of Diné YOUTH to request and nic financial information from the institution indicated on the			
PAR I/We (stud rece Educ the r	ENTAL CONSENT: dent's legal name), hereby give consive my child's transcript and acadentational Financial Assistance applica	, Parents/Legal Guardian of sent/permission for the Office of Diné YOUTH to request and nic financial information from the institution indicated on the tion. I understand the information received will be utilized only in			
PAR I/We (stud rece Educ the r	ENTAL CONSENT: dent's legal name), hereby give consive my child's transcript and acadentational Financial Assistance application for the U.T.H.	, Parents/Legal Guardian of sent/permission for the Office of Diné YOUTH to request and nic financial information from the institution indicated on the tion. I understand the information received will be utilized only in financial assistance from the Navajo Nation Office of Diné			
PAR I/We (stud rece Educ the r	ENTAL CONSENT: dent's legal name), hereby give consive my child's transcript and acadentational Financial Assistance application for the U.T.H.	, Parents/Legal Guardian of sent/permission for the Office of Diné YOUTH to request and nic financial information from the institution indicated on the tion. I understand the information received will be utilized only in financial assistance from the Navajo Nation Office of Diné Parent Signature:			

DINÉ YOUTH (DY)

EDUCATIONAL FINANCIAL ASSISTANCE

P.O. Box 1599; Window Rock, AZ 86515 Telephone No: (928) 871-6518/6882

Financial Needs Analysis (To be completed by School/Institution)

SS#:

FAX #:

Student Name:	SS#:			
Address:				
Grade: Name of Sc	hool:			
TERM APPLYING	FOR PLEASE CHECK ONE			
High School Preparatory ☐ College Su	mmer Enrichment High School Preparatory			
SPRING SEMESTER 2026 SUMMER	SEMESTER 2026 FALL SEMESTER 2026			
DEADLINE: January 23, 2026 DEADLIN	IE: MAY 8, 2026 DEADLINE: JULY 31, 2026			
	BY THE FINANCIAL AID OFFICER ONLY*			
	er shall do the following:			
· · · · · · · · · · · · · · · · · · ·	nitted 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.	vajo stadento quamy when determining the imaneiar aid			
3. Indicate "NE" (Not Eligible) next to listed resour	ces for which students do not qualify.			
4. Complete each line item under EXPENSES and I				
5. Send the original to the Office of Y.O.U.T.H. and	·			
6. Indicate only the direct educational expense of				
	ams; 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\$ Books\$	School Contribution\$ Other (Specify)\$			
Total Expenses\$	Total Resources\$			
Financial Assistance recommended to ODY minus To				
Expense from Total Resources =	\$			
ODY-Educational Financial Assistance Committee	(For ODY Use Only)			
Approval Award Amount =	APPROVE AWARD AMOUNT: \$			
Month Year Month Year	(INSTITUTION NAME AND ADDRESS)			
				
DATE SIGNATURE TITLE				
DAIL SIGNATURE TITLE	TELEPHONE #:			

(Please Print Name)