

**DEPARTMENT OF DINÉ EDUCATION
OFFICE OF DINÉ YOUTH
P.O. Box 1599
Window Rock, AZ 86515
Telephone No: (928) 729-4449
Email To: ilenenez@nndode.org**

EDUCATIONAL FINANCIAL ASSISTANCE

I. General Information

The Office of 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 Office of Diné Y.O.U.T.H. 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:

1. 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 (¼ 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 list:

Post-Secondary Preparatory Schools:

****Spring 2022 due on/before January 14, 2022 @ 5:00 p.m.***

****Summer 2022 due on/before May 06, 2022 @ 5:00 p.m.***

****Fall 2022 due on/before June 30, 2022 @ 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

High School Preparatory SPRING 2022: _____	College Summer Enrichment SUMMER 2022: _____	High School Preparatory FALL 2022: _____
(Check Mark Only One Term/Semester Applying above:)		

Personal and Family Data
COMPLETE ALL BLANKS

NAME: (LAST, FIRST, MIDDLE INITIAL)	CENSUS NO:	SOCIAL SECURITY NO:	EMAIL ADDRESS:
PERMANENT HOME 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 High School Preparatory/Enrichment? 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.

Entity/Institution: _____ 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 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:** _____

CONTINUING/RETURNING STUDENTS for High School 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 Accumulative 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:
 - b) 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 Y.O.U.T.H.

Parent Signature: _____ Parent Signature: _____
Date: _____ Date: _____

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 EDUCATIONAL FINANCIAL ASSISTANCE
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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

High School Preparatory <input type="checkbox"/> SPRING SEMESTER 2022 DEADLINE: January 14, 2022	College Summer Enrichment <input type="checkbox"/> SUMMER SEMESTER 2022 DEADLINE: MAY 6, 2022	High School Preparatory <input type="checkbox"/> FALL SEMESTER 2022 DEADLINE: JUNE 30, 2022
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TO BE COMPLETED BY THE FINANCIAL AID OFFICER ONLY

The Financial Aid 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 Y.O.U.T.H. 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 this box:
ODY-Educational Financial Assistance Committee Approval Award Amount =	\$ _____
	(For ODY Use Only) APPROVE AWARD AMOUNT: \$ _____

_____/_____/_____/_____/ TO _____/_____/_____/_____

Month Year Month Year

 DATE SIGNATURE TITLE

 (Please Print Name)

 (INSTITUTION NAME AND ADDRESS)

 TELEPHONE #: _____
 FAX #: _____