

FORM TRIBAL - IDAHO STATE UNIVERSITY
NEED ANALYSIS FOR TRIBAL FUNDING

24-25

TRIBAL-25

INSTRUCTIONS: This document requests additional information regarding your Tribal Funding. Please return this completed form with requested attachments to:

Office of Financial Aid, Idaho State University, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756 Fax: (208)282-4755 Email: financialaid@isu.edu
Scan and Upload: isu.edu/financialaid/upload

University Place, Bennion Student Union Building, Student Services Office
1784 Science Center Dr, Idaho Falls, ID 83402 Phone: (208)282-7704

*Student Name: _____
(Use blue or black ink) Last First M.I.

*ISU ID: _____ *Last 4 Digits of Social Security #: _____
(Find on [MyISU](#)) *Required

INSTRUCTIONS:

Students who are a member of an American Indian tribe who are eligible for special programs and services provided by the United States through Tribal Funding need to submit a Need Analysis (grant application) form to the Office of Financial Aid. **You must have submitted a 2024-2025 Free Application for Federal Student Aid (FAFSA).** You must have submitted all of the requested verification documents to the Financial Aid Office. You can find the requested documents by logging into your MyISU account at my.isu.edu and clicking on the "Finances" tab.

The Need Analysis form is available from the education office of the Tribe in which you are affiliated or possess membership. Please attach the completed Need Analysis document (grant application) to this form and return to the ISU Office of Financial Aid using the information above. Please allow up to two weeks for processing.

Please note: If additional tribal funding becomes available, your federal aid could be adjusted.

The ISU Office of Financial Aid is bound by the regulations in the Family Education Rights and Privacy Act of 1974 (FERPA). **We cannot release your financial aid information to any person, other than yourself, unless written permission is given by you.**

I hereby give the Office of Financial Aid permission to discuss my financial aid information with the tribe on the attached needs analysis form.

I understand this request will remain in effect for the 2024-2025 academic year unless I revoke my permission in writing.

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct. They also hereby give the Office of Financial Aid permission to share their financial aid information with their tribe.

WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature: _____ Date: _____

Typed signatures not accepted