

Higher Education Application

P.O. Box O
SAN CARLOS, ARIZONA 85550

Have you received assistance from: Higher Education What year? _____ to _____
 Job Placement Training. What year? _____ to _____

Application for Academic year:

Semester (s): Fall- _____ Spring- _____
Trimester (s): Fall- _____ Winter- _____ Spring- _____
Quarter (s): Fall- _____ Winter- _____ Spring- _____ Summer- _____ (Quarter status only).

PERSONAL DATA

Name: _____ SSN: _____ D.O.B: _____
Permanent Address: _____ District: _____
(P.O. Box/Street/Apt. #, City, State, Zip)
Tribal Affiliation: _____ Telephone: (Home) _____ (Work): _____
Marital Status: _____ Spouse: _____ No. of Dependent (s): _____
Father's Name: _____ Tribal Affiliation: _____
(First) (Last)
Mother's Name: _____ Tribal Affiliation: _____
(First) (Maiden) (Last)
Email: _____

COLLEGE PLANS

Name of College/University you plan to attend: _____
College/University's Mailing Address: _____
Classification: New Student Continuing Student Transfer Student, from: _____
 Freshmen Sophomore Junior Senior Graduate (School)
What will be your proposed major/degree or field of study? _____
Career Goal: _____ Expect graduation date: _____
Housing arrangements while attending school: Dormitory Own home W/parents Rental Other _____

EDUCATIONAL HISTORY

Have you previously attended any college, university and/or trade school? Yes No If yes, lists all institutions, locations and dates, beginning with most recent institution attended.

<u>Name of College</u>	<u>City/State</u>	<u>Dates of attendance</u>	<u>Degree Earned</u>
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____
_____	_____	_____ to _____	_____

Did you receive your: High School Diploma GED Certificate Date of Graduation (mo/yr) _____
Type of High School: Public Parochial Private BIA Boarding Foreign

Name of High School Last Attended: _____
(Name) Address

NOTE: (Submit an Official High School Transcript or copy of GED Certificate and Test Score).

Higher Education Application

P.O. Box 0

SAN CARLOS, ARIZONA 85550

STUDENT RESPONSIBILITIES:

As a Post Secondary STUDENT YOU ARE RESPONSIBLE to ensure that all required documentation are on file and completed with the Higher Education Department. Any misrepresentation or falsification, including failure to submit required documents as listed below is sufficient cause for cancellation/denial of San Carlos Apache Tribal Grant Award.

ALL APPLICANTS SHALL:

1. Submit a Geronimo Scholarship Application by JUNE 30th each academic year.
2. Submit an official Certificate of Indian Blood from the San Carlos Apache Tribe Enrollment Office on a yearly basis.
3. Submit a Letter of Admission/Acceptance or Verification of Enrollment from an Accredited College/University.
4. All first time applicants must submit their Official High School transcript or GED Certificate and Test Scores.
5. Submit an Official College Transcript before June 30th for each academic year.
6. Apply for a Free Application for Federal Student Aid (FAFSA).
7. Forward a Financial Need Analysis form to institution's Financial Aid Office.
8. Submit a signed disclosure statement " Student Consent Release" specifying the individual to receive this information. The Higher Education Program will not release any information, verbally or written to any third party individual or agencies, parents, spouse and elected officials etc.
9. Although Deadline dates are posted, all complete applications are reviewed on a first-come, first-served basis. All applicants are responsible for following up on their application status with the Higher Education Program.
10. Submit all required documentation in a timely manner. Documents must be postmarked before the deadline date. Documents not submitted on time and postmarked after the deadline dates will be considered late and will result in the denial of the application. Faxed copies are acceptable, with the original document mailed and postmarked before deadline dates.
11. Immediately report any changes in enrollment, withdrawal and transfer status to the Higher Education Program.
12. Utilize the awarded funds specifically for educational expenses. Other use shall warrant automatic suspension and repayment funds.
13. Notify the Education Department of his/her graduation date and shall submit a copy of degree and Transcript.
14. Be responsible for understanding his/her rights and responsibilities regarding financial assistance, including to be informed of the Higher Education Policies herein.
15. Consider other available grants and/or scholarship, such as Federal, State, Institution aid and Private sources separate from San Carlos Apache Tribe-Higher Education Grant.
16. Comply with the following academic standard prior to receiving continued funding:
 - Shall maintain a Cumulative Grade Point Average of 2.00 or higher with twelve (12) or more credit hours or equivalent amount of quarter or trimester credit hours.
 - Shall immediately submit official grade report upon completion of each academic semester/quarter. At the end of Spring Semester, all recipients must submit official transcripts, no later than June 30th.
17. The Education Department shall place a recipient on probation if the recipient repeated courses within the minimum twelve (12) credit hours from previous academic terms while receiving financial assistance.
18. The following type of classes will not be accepted as part of a full time course load: Audit, Repeats, Workshops or Continuing Education Units (CEU) credit classes.
19. The Education Department shall place recipient on probation if the recipient did not earn enough credit hours according to applicable academic standard during the last academic term and/or complete said term with grade point average between 0.00-1.99.
20. All applicants must be officially and fully admitted to a Post-Secondary institution accredited by one of the six regional accrediting association as recognized, approved and adopted by the San Carlos Apache Tribe, Education Committee.
 1. MSA-Middle States Association of College and School
 2. SACS-Southern Association of College and School
 3. NASC-Northwest Association of College and School
 4. NCA-North Central Association of College and Schools
 5. NEASC-New England Association of College and Schools
 6. WASC-Western Association of College and School
21. Contact I.H.S for Medical Coverage Information (928-475-2371).

CONDITIONS SET FORTH FOR RECIPIENTS

I hereby certify to the best of my knowledge that the information on this application and all documentation that is submitted on my behalf is true and complete and understand that any falsification or misrepresentation, including failure to submit the required documents on timely manner is sufficient cause for cancellation/denial of Tribal Grant Award. **If and when, this application is approved I accept and agree to abide by and comply with the San Carlos Apache Tribe, Higher Education Policy and Procedures.**

Signature of Applicant: _____

Date: _____

Higher Education Application

P.O. Box 0

SAN CARLOS, ARIZONA 85550

STUDENT CONSENT FORM

Name: _____ SSN: _____ D.O.B: _____

Permanent Address: _____ District: _____
(P.O. Box/Street/Apt. #, City, State, Zip)

Marital Status: _____ Spouse: _____

Father's Name: _____ Tribal Affiliation: _____
(First) (Last)

Mother's Name: _____ Tribal Affiliation: _____
(First) (Maiden) (Last)

Notice:

ALL APPLICANT FILES SHALL BE KEPT CONFIDENTIAL BY THE SAN CARLOS APACHE TRIBE-EDUCATION DEPARTMENT.

43 CFR Subtitle A, 2.56 Disclosure of Records: No record contained in a system of records may be disclosed by any means of communication to any person or to another agency, except pursuant to a written request by, or with the prior written consent of the individual to whom the record pertains.

In order for the Higher Education Program to disclose any information in regards to the recipient's records, a **written consent form must be on file**. NO DIRECT OR INDIRECT information will be revealed to third party individuals, such as, spouse, parents, elected officials.

I, hereby give authorization to the San Carlos Apache Tribe-Education Department to release any information or documents to the following individual (s):

Name of Individual to received the document: _____ Relationship to Applicant: _____ Information to be released: _____

Remarks: _____

Name of Individual to received the document: _____ Relationship to Applicant: _____ Information to be released: _____

Remarks: _____

Authorized signature: _____ Date: _____

OFFICIAL USE ONLY:

Information released to: _____ Information released: _____

Date/time released: _____ How released: _____

Released by: _____ Date: _____

Higher Education Application

P.O. Box O

SAN CARLOS, ARIZONA 85550

FINANCIAL NEEDS ANALYSIS

Name: _____ Social Security Number: _____

Permanent Address: _____ City/State/Zip: _____
(P.O. Box/Street/Apt. #, City, State, Zip)

SCHOOL YEAR: _____ to _____ DEADLINE DATES: FALL - JUNE 30TH SPRING - NOVEMBER 30TH.

TO BE COMPLETED BY THE FINANCIAL AID OFFICER:

- UNDERGRADUATE STUDENT IS ENROLL IN 12 CREDIT HOURS AND IS FULL TIME STATUS.
- UNDERGRADUATE STUDENT IS ENROLL IN LESS THAN 12 CREDIT HOURS AND IS PART TIME STATUS.
- STUDENT SUSPENDED FROM CAMPUS BASED AID - FAILURE TO MAINTAIN SATISFACTORY PROGRESS.
- STUDENT IS IN DEFAULT STATUS ON STUDENT LOANS OR OTHER STUDENT AID.
- STUDENT IS PLACED ON PROBATION FOR: _____

A). EXPENSES		B). RESOURCES		C). AWARDS	
Tuition/lab fees	\$ _____	Student Contribution	\$ _____	PELL	\$ _____
Books/Supplies	\$ _____	Parent Contribution	\$ _____	SEOG	\$ _____
Room/Board	\$ _____	Veterans Benefit	\$ _____	SSIG	\$ _____
Personal Needs * 1	\$ _____	Others (specify):	_____	Loans (specify):	_____
Transportation * 2	\$ _____		\$ _____	Tuition Grant	\$ _____
	\$ _____		\$ _____	Work Study	\$ _____
				Others (specify):	_____
TOTAL EXPENSES:	\$ _____	TOTAL RESOURCES:	\$ _____	TOTAL AWARD:	\$ _____

Note: The SCHEP reserves the rights to make adjustment on * 1). Will be calculated by SCHE 2). Commuting over 20 miles 1-way.

D). RECOMMENDED TRIBAL AWARD:

_____ FALL \$ _____ WINTER \$ _____
_____ SPRING \$ _____ SUMMER \$ _____

Name of Institute: _____

Address: _____

Telephone No: _____ Fax No: _____

_____ Date: _____

FAO Signature

RETURN COMPLETE FORM DIRECTLY TO:

San Carlos Higher Education Program
P.O. Box O
San Carlos, Arizona 85550
Phone: (928) 475-2336 Fax: 475-2507
Fax copy is acceptable - with original to be mailed

OFFICIAL USE ONLY:

___ New Student	Action: Approved: _____	Denied: _____	Remarks: _____
___ Continuing Student (2 yr. or 3 yr).	Fall/Winter: \$ _____	___ Suspended	_____
___ Returning/Dropped	Spr/Summer: \$ _____	___ No Need	_____
___ Probation started & Ended: _____	Tri-Sem./Quarter: \$ _____	___ Default Status	_____
___ Suspended	Awarded amount: \$ _____	___ Incompleted file	_____

Completed by: _____ Date: _____ Reviewed by: _____ Date: _____