

## **NORTHERN ARAPAHO TRIBAL & HIGHER EDUCATION SCHOLARSHIPS**

Northern Arapaho Tribal & Higher Education Scholarship applications must be submitted for each academic year, or if the student is applying for one semester. The forms must be signed and returned to our office prior to our deadline

### **DEADLINE DATES FOR COMPLETE APPLICATIONS ARE:**

**ACADEMIC YEAR (Fall & Spring) – JUNE 1  
SPRING SEMESTER – NOVEMBER 15  
SUMMER SESSION – APRIL 15**

The following is a list of items required for a complete scholarship application. Only COMPLETED applications will be considered for funding.

- Applications** (1)BIA  
(2) Northern Arapaho Tribe
- Financial Needs Analysis and Award Letter from College.**
- Official Grade Transcripts with official seal from High School, GED test scores and any colleges previously attended.**
- Acceptance Letter from the College, you plan to attend.**
- Personal Letter which includes your plan of study (major) and date of expected graduation.**
- Certificate of Indian Blood**
- Statement on Privacy**
- Transcript Release Form**
- At the end of each semester, the student will submit the Semester's Final Grade Report. Once the transcripts are received, the spring semester or winter quarter funds will be released to the college.**

The information needed to complete the financial needs analysis form is obtained from the **Free Application for Financial Aid (FAFSA)** and **STUDENT AID REPORT (SAR)**. The financial forms provide information about eligibility for the PELL GRANT which is required by our office for all students. Processing of the FAFSA usually require four to six weeks prior to being sent to the college/school.

The student is responsible for submitting the **FINANCIAL NEEDS ANALYSIS FORM** to the **FINANCIAL AID OFFICER** at the college you plan to attend. The Financial Aid Office will submit the form to Sky People.

**THE STUDENT IS RESPONSIBLE FOR COMPLETING ALL PAPERWORK!**

If you need further assistance, [assistant@skypeopleed.org](mailto:assistant@skypeopleed.org).

# Northern Arapahoe Tribal Scholarship Program

## Application

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First	Middle	Last	Maiden Name	D.O.B.
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Permanent Address	City	State	Zip
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(\_\_\_\_\_) \_\_\_\_\_

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Telephone Number

E-Mail Address

Name of High School / GED was obtained: \_\_\_\_\_ Year \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Number of Children: \_\_\_\_\_

What is your career goal? \_\_\_\_\_

When do you expect to enroll?(circle one) Fall Winter Spring Summer Academic Year:20\_\_\_\_\_

Name and address of College or University: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Class standing: (circle one) Freshman Sophomore Junior Senior Graduate

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I agree to attend the school named, to work toward the educational objective stated and to carry and complete at least 12 semester hours or the equivalent each term. If I withdraw from school before the school term is over, without the approval of the Northern Arapaho Business Council, I agree to repay to the Northern Arapaho Tribe the entire amount of the scholarship award. Said amount becomes immediately due and payable to the Tribe on the date I withdraw from school. I authorize the Business Council to deduct part or all of my per capita. If any, in amounts the Council deems reasonable until the scholarship award has been repaid in full. I request that my scholarship funds be mailed to the Financial Aid Office or Business Office in care of, me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

.....

Co-Signer

I understand that the above-named student does not receive per capita payments from the Northern Arapaho Tribe and that the Student, under certain circumstances, may be liable to the Tribe for repayment of the entire amount of the scholarship award. In the event the above-named student becomes liable to the Tribe for the repayment of funds issued under the Tribal Scholarship Program, I agree to repay to the Tribe the entire amount of the scholarship award and, further, I authorize the Business council to deduct part or all of my per capita in amounts the Council deems reasonable until the funds have been paid in full. I certify that I am eligible to receive per capita payments from the Northern Arapaho Tribe.

Co-Signer \_\_\_\_\_ Date \_\_\_\_\_

**SKY PEOPLE HIGHER EDUCATION  
NORTHERN ARAPAHOE TRIBE**

**HIGHER EDUCATION GRANT APPLICATION**

All information requested is voluntary, however, failure to fully complete all applicable parts may result in delays of processing this application or make it impossible to process at all.

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Separated

No. of Dependents: \_\_\_\_\_ Veteran:  Yes  No State of Residency: \_\_\_\_\_

Home Agency & Address: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Type of High School:  BIA  Tribal  Private  Mission  Public  GED Graduation/GED Date: \_\_\_\_\_

APPLICATION REQUEST: 19 \_\_\_\_\_ 19 \_\_\_\_\_

Academic Year  Spring Only  Fall Only  Summer  Full-Time  Part-Time

College Major: \_\_\_\_\_ Degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Expected Degree: \_\_\_\_\_

Year in College:  Freshman  Sophomore  Junior  Senior

Have you received a BIA Grant before?  Yes  No

**STATEMENT OF EDUCATION PURPOSE:** I declare that I will use any funds I receive under the Sky People Higher Education Grant Program solely for expenses connected with attendance at: \_\_\_\_\_

I agree to attend the school named, to work toward the educational objective stated and to carry and complete at least 12 semester hours or the equivalent each term. If I withdraw from school before the school term is over, without the approval of the Northern Arapaho Business Council, I agree to repay to the Northern Arapaho Tribe the entire amount of the scholarship award. Said amount becomes immediately due and payable to the Tribe on the date I withdraw from school. I authorize the Business Council to deduct part or all of my per capita, if any, in amounts the Council deems reasonable until the scholarship award has been repaid in full. I request that my scholarship funds be mailed to the Financial Aid Office or Business Office in care of me.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-Signer: \_\_\_\_\_

I understand that the above-named student does not receive per capita payments from the Northern Arapaho Tribe and that the student, under certain circumstances, may be liable to the Tribe for repayment of the entire amount of the scholarship award. In the event the above-named student becomes liable to the Tribe for repayment of funds issued under the Tribal Scholarship Program, I agree to repay to the Tribe the entire amount of the scholarship award and, further, I authorize the Business council to deduct part or all of my per capita in amounts the Council deems reasonable until the funds have been repaid in full. I certify that I am eligible to receive per capita payments from the Northern Arapaho Tribe.

Co-Signer \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I request that any Higher Education grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades or transcript to the Sky People Higher Education Office at the end of each academic term.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**BIA / NORTHERN ARAPAHO TRIBAL SCHOLARSHIP PROGRAM**  
**Financial Needs Analysis**

**Part I**

**TO BE COMPLETED BY THE STUDENT**

\_\_\_\_\_  
Home Agency of Tribe

1. Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ E-Mail address \_\_\_\_\_

2. Year in College: \_\_\_\_\_ Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Please send me the necessary application for applying for college administered financial aid. Attached is a copy of the Sky People Higher Education grant application that I have submitted to the Sky People Office for consideration for financial assistance. The Sky People Office will send the additional financial information as listed in Part II before any action can be taken on my application. When all the necessary information is on file in your office, please complete and forward Part II or a similar form to:

Sky People Higher Education Grant Program  
Northern Arapaho Tribe  
P.O. Box 8480, Ethete, WY 82520

**All students are requested to apply for  
Other sources of funding available  
through the Financial Aid Office.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Part II**

**TO BE COMPLETED BY THE FINANCIAL AID OFFICER**

This student has applied to the Sky People Higher Education Office. Verified financial need information is needed through your office before we can take action on the application. We will appreciate your assistance if you would complete and forward this form our like form to the above address.

Thank you for your assistance.

Budget Period: From: \_\_\_\_\_ To: \_\_\_\_\_ Which will start on (date) \_\_\_\_\_

This student should is considered: Independent  Dependent  Full Time

Cost of Attendance .....\$ \_\_\_\_\_

Parental Contribution	_____	S.E.O.G.	_____	Tuition	_____
Student Contribution	_____	PELL Grant	_____	Fees	_____
Spouse Contribution	_____	NDSL	_____	Books	_____
VA Benefits	_____	C.W.S.	_____	Room	_____
Social Security Benefits	_____	Scholarship	_____	Board	_____
Welfare/AFDC	_____	Employment	_____	Travel	_____
State Grants (SSIG)	_____	Misc.	_____	Personal	_____
State Ind. Scholarship	_____	Voc.Rehab.	_____	Childcare	_____
				TOTAL	_____

We recommend that BIA consider funding this student .....\$ \_\_\_\_\_

Name \_\_\_\_\_  
\_\_\_\_\_  
Financial Aid Officer Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

Name of College (Please Print or Stamp)	Address	Zip Code	
Our School is on: Semester <input type="checkbox"/>	Quarter <input type="checkbox"/>	Trimester <input type="checkbox"/>	Other <input type="checkbox"/> Specify _____

## STATEMENT OF PRIVACY

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individual to inform those individuals as to:

- A. The authority (whether granted by statute, or by executive order of the President) authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
- B. The principle purpose or purposes for which the information is intended to be used.
- C. The routine uses which may be made of the information as published pursuant to paragraph (4) (D) of this subsection; and
- D. The effects on him, if any, of not providing all or any part of the requested information.

The Sky People for Higher Education Assistance Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in the 256 USC, Subchapter E, Part 32, Administration of Educational Loans, Grants and other assistance for higher education. In accordance with the accountability required for the administration of the funds appropriated for the program and in order to provide services for recipients, and to declare eligibility, certain information is required of applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant and to provide the means for producing certain statistical records required of this office. Failure on the part of the application to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

I have read this statement on privacy listed with the application form. I hereby, provide the required information and authorize to extent of the uses specified in the statement.

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Witness

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Student

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Address

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Date

NORTHERN ARAPAHO TRIBE  
SKY PEOPLE EDUCATION PROGRAMS  
SEMESTER GRADE AND TRANSCRIPT RELEASE FORMS

Name: \_\_\_\_\_ SSN#: \_\_\_\_\_ DOB: \_\_\_\_\_

I hereby give my consent and request that a copy of my grades (semester or quarter) be released to authorized education personnel for \_\_\_\_\_

(Year)

(Semester/Quarter)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date Completed

MAIL TO: SKY PEOPLE EDUCATION PROGRAMS  
P.O. BOX 8480  
ETHETE, WY 82520

ADDITIONAL INFORMATION: Last Semester Attended \_\_\_\_\_  
Last School Attended: \_\_\_\_\_

OFFICE USE ONLY:  
Date Received: \_\_\_\_\_ Date Released: \_\_\_\_\_

\_\_\_\_\_  
WHITE—School

\_\_\_\_\_  
YELLOW—Student File