

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.

Northern Arapahoe Tribal Scholarship Program

Application

S.S.N.

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First

Middle

Last

Maiden Name

D.O.B.

Permanent Address

City

State

Zip

()

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

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 percapita. 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 percapita 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 percapita in amounts the Council deems reasonable until the funds have been paid in full. I certify that I am eligible to receive percapita 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 percapita, 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 percapita 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 percapita in amounts the Council deems reasonable until the funds have been repaid in full. I certify that I am eligible to receive percapita 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 _____

Distribution: Original - Sky People Yellow - Student

Valley Printing, Lander

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
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Name of College (Please Print or Stamp) _____ Address _____ Zip Code _____

Our School is on: Semester ☐ Quarter ☐ Trimester ☐ Other ☐ 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.

Witness

Student

Address

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