Educational Enrichment Award

The Educational Enrichment Award is intended to provide an individual with educational opportunities that are offered through special activities. This award is meant to be utilized by students to learn practical, technical, academic, and research skills to enhance their future educational or career goals.

**Eligibility Requirements and Required Documents:**

- Applicant must be a current student in grade five through Post-Secondary.
- Applicant must submit a completed application thirty (30) days prior to the date of activity.
- Applicant must submit Verification of Hopi Enrollment.
- Applicant must submit supporting documents for the intended activity (i.e., registration, brochures, letter of admissions, sponsorships, etc.)

**Categories of Award:**

- Students may receive this funding for educational enrichment activities.
- The maximum amount of this one time annual award is 75% of the total budget up to $500.00 maximum per student per calendar year. Amounts will be determined by needs and availability of funds.
- Parents and/or student must agree to provide 25% of total budget. Applicants will not be reimbursed for cost of activities already paid or in progress.
- Examples of educationally enhanced activities include but are not limited to: Space camps, math camps, close-up, American Indian Society Engineering & Sciences (AISES), pre-college orientations, etc. Funding is not available under this award for school sanctioned activities that are not educationally enhanced such as end of the year class field trips or sports oriented activities. This award shall not be awarded for consecutive attendance for the same activity.
- Applications for reimbursements for activities already completed will not be accepted.
- This award is not meant to cover cost for Tuition and Books.

**Responsibilities of Recipient:**

- Recipients shall submit one page double spaced typed essay of their learning experience as proof of completion to the Program no later than (30) days after the activity. Failure to submit such documentation will disqualify the recipient for funding until such time as they submit proof of completion.
HOPI TRIBE GRANTS AND SCHOLARSHIP PROGRAM
Educational Enrichment Award Application

Personal Information

Name:___________________________________________  Phone: (___)_________________________
Please circle one: Home  Message  Cell

Address:________________________ City:________________  State:____________  Zip Code:______

Social Security No:____________________  Date of Birth:___________  Enrollment No.:___________

School you attend:_________________________________  Current Grade Level:_____________

Attach any handouts, brochures, letters, etc. explaining the program/event and the costs involved.

Sponsoring Organization:____________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Address:______________________________________________________________________________
_____________________________________________________________________________________
Phone Number:__________________________________________________________________________
Date of Activity:________________________________________________________________________

Expected educational benefits from your participation (must be completed by applicant)
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Revised 06/2018
Failure to complete expense section will result in an incomplete file and will not be considered for award.

<table>
<thead>
<tr>
<th>Total Expenses</th>
<th>Expected Contributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition/Fees $________________</td>
<td>Student Contribution* $</td>
</tr>
<tr>
<td>Books/Supplies $______________</td>
<td>Parent/Family Contribution* $</td>
</tr>
<tr>
<td>Room/Board $________________</td>
<td>Sponsoring Institution** $</td>
</tr>
<tr>
<td>Transportation $______________</td>
<td>Other (Scholarships, Donations) $</td>
</tr>
<tr>
<td>Personal Expenses $___________</td>
<td>_________________________</td>
</tr>
<tr>
<td>Other (List) $________________</td>
<td>_________________________</td>
</tr>
<tr>
<td>________________________________</td>
<td>_________________________</td>
</tr>
<tr>
<td>(A) TOTAL EXPENSES $__________</td>
<td>(B) TOTAL RESOURCES $____</td>
</tr>
</tbody>
</table>

AMOUNT REQUESTED $______________
(Subtract line B from line A, this is the amount you are requesting)

*Student and/or their parents are required to make a 25% contribution of the total expenses.
** Sponsoring institution means your high school, college, or institution/program that is providing financial assistance to you.

The above information is true and correct to the best of my knowledge. I shall abide by all conditions stipulated in the Hopi Tribe Educational Enrichment Award.

________________________________  ________________
Applicant’s Signature            Date

IF UNDER 18 YEARS OF AGE

________________________________  ________________
Parent/Guardian Signature        Date
Verification of Hopi Indian Blood for Hopi Tribe Grants and Scholarships Program

PART I: MEMBERSHIP INFORMATION (To be completed by student and returned to HTGSP)

Student Name:_____________________________ Other Last Name(s) Used:__________________________
Place of Birth:____________________________ Date of Birth:____________________________________
Student Social Security No:___________________ Father’s Name: __________________________________
Mother’s Name:____________________________________ Mother’s Maiden Name:___________________

(To be completed by the Hopi Tribal Enrollment Office)

PART II: VERIFICATION OF TRIBAL BLOOD ENROLLMENT

A. Is ______________________ blood degree of the Hopi Indian Tribe

B. a. ______________________ Hopi Tribal enrollment number ______________________

b. ______________________ is not enrolled with the Hopi Indian Tribe.

Is also ____________ blood degree of the _____________________ Tribe/Race
Is also ____________ blood degree of the _____________________ Tribe/Race

We can verify that he/she is not enrolled with the ____________ Tribe(s) as of_________________(Date)

We are unable to verify non-enrollment with ______________________________Tribe(s) due to lack of information.

PART III: CERTIFICATION OF INDIAN BLOOD

A. I certify that this individual is __________________________ degree Indian Blood of a federally recognized tribe defined in 25 CFR Part 40.1.

_____________________________ Director, Office of Enrollment/Hopi Tribe _______________

B. I am unable to certify the blood quantum or enrollment status of this individual due to no records on file with the Enrollment Office/Hopi Tribe.

_____________________________ Director, Office of Enrollment/Hopi Tribe _______________

PRIVACY ACT and REDUCTION ACT STATEMENT

GENERAL: This information is provided pursuant to P.L. 93-579 (Privacy Act of 12/21/74)

AUTHORITY: The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 115, Public Law 67-86, 42 Stat. 208(25U.S.C. 13) and Public Law 95-561.

PURPOSE AND USES: In accordance with the accountability required for the administration of funds appropriated for educational program, certain types of information are required. All records are maintained in strictest confidence and all information contained herein is considered privileged information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals and providing accountability for the educational services offered to individuals.

EFFECTS OF NONDISCLOSURE: Although furnishing personal information to this office is purely voluntary, failure to supply complete and accurate information may preclude beneficiaries from obtaining the educational services.