



HOPI TRIBE GRANTS AND SCHOLARSHIP PROGRAM

P.O. BOX 123 KYKOTSMOVI, AZ 86039 * (928) 734-3542 OR (800) 762-9630 * www.hopieducationfund.org

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)



HOPI TRIBE GRANTS AND SCHOLARSHIP PROGRAM
Educational Enrichment Award Application Continue...

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

<u>Total Expenses</u>		<u>Expected Contributions</u>	
Tuition/Fees	\$ _____	Student Contribution*	\$ _____
Books/Supplies	\$ _____	Parent/Family Contribution*	\$ _____
Room/Board	\$ _____	Sponsoring Institution**	\$ _____
Transportation	\$ _____	Other (Scholarships, Donations)	\$ _____
Personal Expenses	\$ _____	_____	\$ _____
Other (List)	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
(A) TOTAL EXPENSES \$ _____		(B) TOTAL RESOURCES \$ _____	

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

Date

- 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

Date

PRIVACY ACT and REDUCATION 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.