



Grants and Scholarship Program
P.O. Box 123
Kykotsmovi, AZ 86039
(929) 734-3542 or 1(800) 762-9630
www.hopieducationfund.org

HOPI ACADEMIC ACHIEVEMENT AWARD APPLICATION

Congratulations on your decision to continue your education! This is a merit-based highly and competitive award to recognize a current graduating high school senior(s) with high academic achievement by assisting with tuition, books, transportation, housing, and personal expenses and to provide a one-time award of a computer.

Students pursuing a vocational diploma or certificate are not eligible for this award and students receiving this award are not eligible to receive any other HTGSP awards.

ELIGIBILITY REQUIREMENTS

1. Must be an ***enrolled member*** of the Hopi Tribe.
2. Be a current high school graduate.
3. Be admitted to a regionally accredited college/university.
4. Meet the minimum High School **Cumulative Grade Point Average** (CGPA) of 3.50.
5. Achieve a minimum 1040 SAT combined or 22 ACT Composite score.

REQUIRED DOCUMENTS

→ **FIRST TIME APPLICANT** must submit the following:

1. HAAA application;
2. Official high school transcript with graduation date posted;
3. SAT and/or ACT test scores;
4. Three (3) Letters of recommendations: one (1) from HS Academic counselor, and two (2) from a personal references (example Principle, teachers, mentors, etc...). *Please note: recommendations are not to include immediate family, HTGSP program staff/Board, and funding agency staff (HEEF).*
5. A 500 word essay describing your educational goals and how they will benefit the Hopi people.

→ **CONTINUING STUDENT** must submit the following:

1. HAAA Application
2. Official transcript from the current institute attending
3. A Program of Study (POS) reflecting current major pursuing. If major changes, submit a new POS.

DEADLINE DATE

JUNE 15TH BY 5PM (MST)

ALL DOCUMENTS MUST BE RECEIVED BY CLOSE OF BUSINESS (5:00 P.M. MST) ON THE RESPECTIVE SEMESTER DEADLINE DATE IN ORDER FOR APPLICATION TO BE COMPLETE. *Faxed documents shall not be accepted with the exception of the Financial Needs Analysis (FNA) Form. The original FNA must be mailed within ten (10) working days of the faxed date. Applications may be scanned and emailed, however the original application must be received within ten (10) calendar days of emailing the application.*



Hopi Academic Achievement Award

Deadline Date: JUNE 15TH by 5pm (MST)

ANSWER ALL QUESTIONS AND PRINT CLEARLY. READ, SIGN AND DATE THE BACK OF THE APPLICATION.

Check applicant status: () New Applicant () Continuing Student

Academic Year Only: Fall _____ () full-time

 Spring _____ () full-time

Name: Last _____ First _____ Hopi Enrollment No.: _____

Social Security No.: _____ - _____ - _____ Date of Birth: _____

E-mail address: _____ Sex: () Male () Female

Current Mailing Address:

Street/P.O. Box _____ City _____ State _____ Zip Code _____

Phone(_____) _____ Preferred method of contact? Text Email Phone

Have you previously applied to HTGSP? () Yes () No If yes, semester/year applied: _____

High School attended/location: _____ Year Diploma/GED recd.: _____

College to be attended/location: _____

College Class Status (fresh., soph., etc.): _____ Expected date of college graduation: _____

Degree currently pursuing (AAS, AA, BA, Masters, etc.): _____

Major: _____ Minor: _____

LIST ALL POST-SECONDARY SCHOOLS ATTENDED i.e. in high school, vocational, higher edu. (use additional page if necessary)

School	City/State	Sem./Yr. attended	Credits earned

I hereby certify that the information on this application is true and correct to the best of my knowledge. I will accept and abide by all conditions in the aforementioned and the HTGSP Policy and Procedures Manual. Furthermore, I give permission to the HTGSP to request and receive any information on my financial aid status and academic progress.

Signature of Applicant: _____ 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.

