



HOPI TRIBE GRANTS AND SCHOLARSHIP PROGRAM

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

Peabody Navajo Generating Station Scholarship (PNGSS)

This is a merit-based highly competitive award to recognize a student with academic achievement pursuing higher education.

Students pursuing a vocational diploma/certificate are not eligible for this award. Part-time funding is not available under this award.

ELIGIBILITY REQUIREMENTS

1. Must be an ***enrolled member*** of the Hopi Tribe.
2. Be a high school graduate or have earned a GED certificate.
3. Be admitted to a regionally accredited college/university.
4. Must be a full time student as defined by the institution attending.
5. Must be a Undergraduate, Graduate or Post-Graduate or Professional student
6. Must meet the following Cumulative Grade Point Average (CGPA) criteria:
 - i. Undergraduate: 3.20 CGPA for all undergraduate coursework
 - ii. Graduate: 3.50 CGPA for all graduate coursework
 - iii. Post graduate/Professional: 3.50 CGPA for all post-graduate/professional coursework

REQUIRED DOCUMENTS

1. Submit a PNGSS Application
2. Official high school transcripts or Official GED scores (**Needs to be submitted only once**)
3. Submit Official transcripts from **ALL** community colleges/universities attended.
4. Program of Study (POS) indicating/showing Projected graduation date and must be signed by an academic advisor
5. Submit 500 word essay describing their educational goals and how it will benefit the Hopi people.
6. Letter of Admission (LOA)

ALL Transcripts must bear the official seal and be mailed in a sealed envelope to the HTGSP from the institution. If you are a current HTGSP recipient you may already have some of the documents on file. Contact HTGSP to verify.

DEADLINE DATE
JUNE 15th

ALL DOCUMENTS MUST BE RECEIVED BY 5:00 p.m. OF THE DEADLINE DATE IN ORDER FOR APPLICATION TO BE REVIEWED. Applications may be scanned and emailed with the original mailed to the office within 10 working days of the emailed application date. *Faxed or photocopied documents shall not be accepted.*



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Deadline Date: June 15th by 5pm (MST)

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

Academic Year Only: Fall 20____ (XX) Full-time
 Spring 20____ (XX) Full-time

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

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

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

Mailing Address:

Street/P.O. Box _____ City _____

State _____ Zip Code _____ 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: _____ Expected date of college graduation: _____

College Class Status (fresh, soph., junior, or senior; Grad, Doctorate): _____

Degree currently pursuing (Associates, Bachelors, Masters, PhD): _____

Major: _____ Minor: _____

Please list all community colleges or universities attended (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. 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 is 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.