



HOPI TRIBE GRANTS AND SCHOLARSHIP PROGRAM

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

STANDARIZED TEST FEE APPLICATION

The Hopi Tribe Grants and Scholarship Program's Standardized Test Fee Award is available to Hopi students who are required to take examinations for school or career certification. Examples of tests covered by the scholarship include...

- Achievement and college admissions test such as the General Equivalency Diploma (GED), American College Test (ACT), the Scholastic Aptitude Test (SAT), Graduate Record Exam (GRE), Miller Analogy Test (MAT), Pre Professional Skills Test (PPST), Law School Admission Test (LSAT), etc.
- Certification exam/test, such as Arizona Teachers Proficiency Test (ATPE), State Bar Exam, Certified Public Accountant, etc.
- Vocational/Technical exams or certifications include Commercial Driver's License (CDL), First Aid/ Cardiac Pulmonary Resuscitation (CPR), Arizona Department of Transportation certifications, Radiography, etc.

Eligibility Criteria:

- Must be an enrolled member of the Hopi Tribe.
- Not be under suspension imposed by the Program.
- Submit a copy of the registration form and any other supporting documents 30 days prior to the test date.

Awards:

Funds will not be awarded to reimburse applicant for previous tests taken or in progress. HTGSP will not be responsible for late registration fees. Award amounts will be based upon the actual cost of the test but limited to \$500.00 maximum. All awards shall be made payable to the recipient unless otherwise specified by the testing organization. If the test fee has been paid on-line, applicant must submit a copy of recipient as proof of payment. Awards are limited to one per year and no repeat exams will be funded.

Obligation of the Recipient:

- Submit a completed application.
- Submit Verification of Enrollment.
- Submit a copy of test/exam results to the HTGSP within 30 days after you receive the results.
 - Recipient's failure to take the exam for which they were funded will be required to repay the HTGSP immediately.
 - Failure to submit test results shall result in denial of future funding until deficiency is corrected or repayment of the full award.

DEADLINE DATE: OPEN YEAR ROUND (Depending on availability of funds)



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Standardized Test Fee Award

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (____) _____ Email: _____

Please circle one: Home Message Cell

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

Test Information

Name of Test/Exam: _____

Date of Test/Exam: _____ Cost: \$ _____

Explain why you are taking this exam:

Please provide the name, address, and telephone number of the administering agency. Be sure to include a copy of the registration form as this will accompany our payment to the agency (checks are made payable to the recipient unless specified).

Name: _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

I hereby certify that the above information is true and correct to the best of my knowledge. If and when this application is approved, I shall except and abide by all conditions stipulated in the Hopi Grants and Scholarship Policy and Procedure Manual and will be bound by the responsibilities and consequences thereof.

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.