



SPECIAL SCHOLARSHIP

Jean Charley-Call Nursing Scholarship Application

Established by her family to honor the late Mrs. Jean Charley-Call who was a former nurse, we are pleased to announce the Jean Charley-Call Nursing Scholarship. There are three \$1,100.00 scholarships available for 3 full-time Hopi students pursuing a nursing degree at an accredited college or university for the 2019-2020 Academic Year (AY).

In addition to general eligibility requirements, students must submit a Special Scholarship Application and a 1-page essay that answers the following: What is your inspiration for choosing the nursing field? What are your plans upon completion of your program? Applications will be competitively reviewed based on the criteria listed below. ***Final recipients will be chosen by a Selection Committee.*** If you have any questions please contact the HTGSP.

ELIGIBILITY REQUIREMENTS

1. Jean Charley-Call Nursing Scholarship Application (Special Scholarship Application)
 2. Essay (1 page single spaced 12 point font) – Essay topic “What is your inspiration for choosing the nursing field?” and “What are your plans upon completion of your program?”
 3. Must be an ***enrolled member*** of the Hopi Tribe.
 4. Be a high school graduate or have earned a GED certificate.
 5. Be admitted to a regionally accredited college/university.
 6. Must be pursuing a degree in nursing.
 7. Must have completed the Free Application for Federal Student Aid (FAFSA) and have applied for all federal, state, and institutional aid.
 8. Possess a ***Cumulative Grade Point Average*** (CGPA) of 2.50 at current institution attending.
 9. Must be a full time student (minimum of 12 credit hours/semester)
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REQUIRED DOCUMENTS

1. Official high school transcripts or Official GED scores (***Needs to be submitted only once***)
2. Official transcript from community college/university currently attending.
3. Program of Study (POS)
4. Verification of Enrollment Form

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

DEADLINE DATE

October 31, 2019

ALL DOCUMENTS MUST BE RECEIVED BY 5:00 P.M. (MST) ON OR BY THE DEADLINE DATE IN ORDER FOR APPLICATION TO BE REVIEWED. *Faxed or photocopied documents shall not be accepted with the exception of the Financial Needs Analysis (FNA).*

Grants and Scholarships Program

P.O. Box 123

Kykotsmovi, AZ 86039

800-762-9630 Toll Free Line

(928) 734-3542 Direct Line



Jean Charley-Call Scholarship Application

Grants and Scholarship Program
P.O. Box 123
Kykotsmovi, Arizona 86039
(928) 734-3533 or (800) 762-9630

Deadline Date:
October 31, 2019

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

Financial Assistance:

(XX) Jean Charley-Call Nursing Scholarship

Terms applying for:

Fall 2019
Spring 2020

(XX) full-time
(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: _____

College Class Status (soph., junior, senior or graduate): _____ Expected date of college graduation: _____

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

Major: _____ Minor: _____

Please list all community colleges or universities attended (use additional page if necessary).

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

Total Credit Hours Earned: _____

CONDITIONS FOR RECIPIENT:

- A. The recipient is responsible for submitting to the HTGSP a new application for each academic year to be considered for the Jean Charley-Call Nursing Scholarship.
- B. At the end of the **Fall semester**, all recipients must submit an grade report by **January 15**. At the end of the **Spring semester** all recipients must submit an official transcript by **June 15**.
- C. Keep the HTGSP informed of student status, i.e. change of mailing address, name change, phone number, intention to withdraw or transfer etc.
- D. Recipients must complete each term at a minimum of 12 credit hours with a minimum semester Grade Point Average (GPA) of 2.5.
- E. Recipients shall maintain a 2.50 Cumulative Grade Point Average (CGPA) based upon course work at the institution of attendance.
- F. Recipients failing to maintain the appropriate CGPA and/or course load will be subject to termination and not eligible to re-apply.
- G. The recipient shall attend the institution specified in the award letter.
- H. The recipient shall be responsible for meeting other conditions as required by the Jean Charley-Call Nursing Scholarship.
- I. The recipient agrees to have their name, school, degree being pursued, and graduation announcement released in any press releases by the HTGSP and HEEF.
- J. The applicant's file is the property of the HTGSP. In order that the HTGSP disclose information regarding the applicant's status or award, the applicant must submit a signed Release of Information form specifying the individuals to receive information.

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.