SPECIAL SCHOLARSHIP
George Then Business Scholarship

We are pleased to announce the George Then Business Scholarship. The scholarship was established by Mr. George Then to encourage Hopi students to pursue careers in the Business field. Careers such as Business Admin, Marketing, Accounting, Data Analytics, Communication, Economics, Finance, Human Resources, etc., will be considered. Two $2,000 scholarships are available for a full-time undergraduate or graduate Hopi student pursuing a degree in the Business field at an accredited college or university for the Spring 2020 semester.

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 Hopi Tribe Grants and Scholarship Program (HTGSP).

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 pursuing a degree (Associates, Baccalaureate, Graduate) in the Business field.
5. Under Graduate students must
   - Possess a Cumulative Grade Point Average (CGPA) of 2.50 at current institution attending.
   - Must be a full-time student at their institution
6. Graduate students must
   - Possess a Cumulative Grade Point Average (CGPA) of 3.0 at current institution attending
   - Must be a full time student at their institution

REQUIRED DOCUMENTS

1. George Then Scholarship Application (Special Scholarship Application)
2. Essay (1 page single spaced 12-point font) – Essay topic “What is your inspiration for choosing the business field?” and “What are your plans upon completion of your program?”
3. Official high school transcripts or Official GED scores (Needs to be submitted only once)
4. Official transcript from community college/university currently attending.
5. Signed Program of Study (POS) from academic advisor verifying declared major pursuing.
6. Verification of Enrollment Form

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
January 31, 2020

ALL DOCUMENTS MUST BE RECEIVED BY 5:00 P.M. (MST) ON THE DEADLINE DATE IN ORDER FOR APPLICATION TO BE REVIEWED. Faxed or photocopied documents shall not be accepted. Special scholarship
application, Program of Study and Verification of Hopi Enrollment forms may be scanned and emailed; however, originals must be received with ten (10) working days of the e-mail.

Hopi Tribe Grants and Scholarships Program
P.O. Box 123
Kykotsmovi, AZ 86039
800-762-9630 Toll Free Line
(928) 734-3542 Direct Line

Email address: Rpolivema@hopi.nsn.us

12.16.19 HEEF
**George Then Business Scholarship Application**

Hopi Tribe Grants and Scholarship Program  
P.O. Box 123  
Kykotsmovi, Arizona 86039

**Deadline Date:**  
January 31, 2020  
by 5:00pm (MST)  
(928) 734-3542 or (800) 762-9630

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

Financial Assistance: Terms applying for:  
(XX) George Then Business Scholarship  
Spring 2020 (XX) full-time

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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 ( ) __________________________

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

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

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College to be attended/location: __________________________

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

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

Major: __________________________ Minor: __________________________

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

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<thead>
<tr>
<th>School</th>
<th>City/State</th>
<th>Sem./Yr. attended</th>
<th>Credits earned</th>
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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 George Then Business Scholarship.

B. At the end of the Spring semester, all recipients must submit an official transcript by June 15th.

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 as follows:

   Undergraduate - 12 credit hours with a minimum semester Grade Point Average (GPA) of 2.5.
   Graduate - 9 credit hours or full time equivalent with a minimum semester Grade Point Average (GPA) of 3.0

E. Recipients shall maintain a Cumulative Grade Point Average (CGPA) as follows
   Undergraduate - 2.50
   Graduate - 3.0

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 George Then Business 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 REDUCTION ACT STATEMENT

GENERAL: This information is provided pursuant to P.L. 93-579 (Privacy Act of 12/21/74)


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.