



Grants & Scholarships Program
P.O. Box 123
Kykotsmovi, AZ 86039
(928) 734-3542 or 800-762-9630
Fax: (928) 734-9575

FINANCIAL AID APPLICATION

Congratulations on your decision to continue your education! The Hopi Tribe Grants and Scholarships Program (HTGSP) provides financial assistance to eligible Hopi/Tewa students who are pursuing a college degree (AAS, AA, BA, BS, Masters or Doctoral, Professional Degrees) at a regionally accredited institution.

ELIGIBILITY REQUIREMENTS

1. Must be an **enrolled member** of the Hopi Tribe.
2. Must be a high school graduate or have earned a GED Diploma.
3. Must be admitted to a regionally accredited college or university.
4. Must have completed the **Free Application for Federal Student Aid (FAFSA)** at www.fafsa.ed.gov, and have applied for all federal, state, and institutional aid.
5. Meet the minimum **Cumulative Grade Point Average (CGPA)** for the following:

A. Bureau of Indian Affairs Higher Education Grant/Hopi Education Award/ Tuition & Book Award:

- All applicants must be full time students
- Freshmen students (0-29 credits) 2.00 CGPA
- Sophomore students (30 – 59 credits) 2.25 CGPA
- Juniors – Seniors students (60 credits on up) 2.50 CGPA
- Graduate/Doctoral/Professional students 3.00 CGPA

To be considered eligible for HTGSP funding you must first apply for **ALL** Federal, State and institutional financial aid as Hopi Tribal funds are considered as a secondary source of funding.

FUNDS ARE NOT DISBURSED IN ACCORDANCE TO INSTITUTION DEADLINE DATES.

DEADLINE DATES

FALL SEMESTER

JULY 15TH

WINTER SEMESTER

OCTOBER 15TH

SPRING SEMESTER

DECEMBER 15TH

ALL DOCUMENTS MUST BE RECEIVED BY CLOSE OF BUSINESS (5:00 P.M. MST) ON THE RESPECTIVE SEMESTER DEADLINE DATE IN ORDER FOR AN APPLICATION TO BE COMPLETE. FAXED APPLICATIONS AND REQUIRED DOCUMENTS ARE NOT ACCEPTABLE. APPLICATIONS MAY BE SCANNED AND EMAILED IN PORTABLE DOCUMENT FORMAT(PDF) ONLY.



**Hopi Tribe Grants and Scholarships Program
(HTGSP)
Application Check List**

_____ 1) **Application:** Complete application.

_____ 2) **Verification of Hopi Enrollment Form:** Complete Part 1 ONLY and return with application.

_____ 3) **Transcript(s):**

___ Official High School Transcript or GED Test Scores sent from institution. Final high school transcript must possess date of graduation posted. Transcripts must be in a sealed envelope from the institution to be considered official.

___ College transcripts **must** be submitted for **ALL** colleges/universities attended by applicant. Transcripts must be in sealed envelope from the institution to be considered official or e-scripts must be retrieved from HTGSP staff to be considered official. Note: Official transcripts will be required when re-applying to HTGSP.

_____ 4) **Financial Needs Analysis Form:**

___ **ALL** students **must** complete the Free Application for Federal Student Aid (FAFSA).

___ Applicants are to complete the Part I of the FNA and submit to the Financial Aid Office (FAO) at the Institution to be attended. The FAO will complete the Part II of the FNA and return to our office (**ESTIMATES ARE NOT ACCEPTABLE**).

_____ 5) **Program of Study Signed by Advisor (i.e., Degree Checklist, Degree Audit, etc.):**

Sophomore through graduate level students must submit a Program of Study (POS) at time of application. This will only need to be submitted once unless an applicant changes majors then a new one will need to be submitted. Applicants transferring to another institution will be required to submit a POS by the end of their first semester.

Several ways of Submitting Application and Required Documents...

Scan (PDF only) and email to:

RPolivema@hopi.nsn.us

Mail In:

Hopi Tribe Grants and Scholarship Program

P.O. Box 123

Kykotsmovi, AZ 86039

FedEx/UPS:

Hopi Tribe

Attn: Grants and Scholarship Program

1 Main Street

Kykotsmovi, AZ 86039

****APPLICATION OR REQUIRED DOCUMENTS FAXED TO THE OFFICE WILL NOT BE ACCEPTED.***

Regional Accrediting Associations

- ✓ Accrediting Commission for Community and Junior Colleges (ACCJC) – Associate Degree-granting institutions
- ✓ Middle States Association Commission on Higher Education (MSCHE)
- ✓ New England Association of Schools and Colleges (NEASC-CIHE)
- ✓ Higher Education Learning Commission (HLC)
- ✓ Northwest Commission on Colleges/Universities (NWCCU)
- ✓ Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)
- ✓ Western Association of Colleges and University (WSCUC)

HTGSP DOES NOT FUND STUDENTS WHO ARE PURSUING CERTIFICATE/DIPLOMA PROGRAMS AND/OR ATTEND INSTITUTIONS THAT ARE NOT REGIONALLY ACCREDITED.



HOPI TRIBE GRANTS AND SCHOLARSHIP PROGRAM
P.O. Box 123 Kykotsmovi, AZ 86039 * (928) 734-3542 or (800) 762-9630
www.hopi-nsn.gov

FALL SEMESTER
JULY 15TH

DEADLINE DATES
WINTER SEMESTER
OCTOBER 15TH

SPRING SEMESTER
DECEMBER 15TH

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

Financial Assistance (check all applicable):

Terms applying for:

- Hopi Education Award
- BIA Higher Education Grant
- Tuition and Book Award

- Fall 20_____
- Winter 20_____ (trimester systems only)
- Spring 20_____

- full-time part-time
- full-time part-time
- full-time part-time

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

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

E-mail address: _____ Gender: Male Female

Mailing Address: Street/P.O. Box _____

City _____ State _____ Zip Code _____

Phone (_____) _____

Please circle one: Veteran: Yes No Preferred method of contact? Email Phone or Both
(For statistical purposes only)

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

High School attended/location: _____ Year Diploma/GED rec'd: _____

College to attend/location: _____ Expected date of college graduation: _____

College Class Status (circle one): Freshman Sophomore Junior Senior Graduate Doctoral

Degree currently pursuing (circle one): AAS AA Bachelors Masters Other _____

Major: _____ Minor: _____

LIST ALL POST-SECONDARY SCHOOL 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 Enrollment
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)

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 applicant from obtaining educational services.

**The Hopi Tribe
Financial Needs Analysis**

The Hopi Tribe Grants and Scholarship Program
P.O. Box 123
Kykotsmovi, Arizona 86039
(928) 734-3542 or (800) 762-9630
FAX # (928) 734-9575

Deadline Dates
Fall July 15
Winter October 15
Spring December 15

Part I - TO BE COMPLETED BY THE STUDENT

Send this form to your college or university financial aid office for completion.

Name: _____ Social Security Number _____ - _____ - _____
Last First MI

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

Institution Name and Address: _____
Name City/State/Zip Code

Funding request for: Fall 20 _____ Winter 20 _____ Spring 20 _____
FT() PT() FT() PT() FT() PT()

I hereby give permission to the Hopi Tribe Grants and Scholarship Program to request and receive any information on my financial aid status and academic progress. I understand that I must apply for all federal, state and institutional aid before being considered for HTGSP aid. I also understand that I am responsible for ensuring that this form reaches the HTGSP by the deadline date.

Student Signature Date

PART II - TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Return to the Hopi Tribe Grants and Scholarship Program. Initial any corrections. **ESTIMATES ARE NOT ACCEPTABLE.**

Approved Student Budget () Dependent () Independent

Cost of Attendance based on: _____ credit hours:	Resources:
Tuition and Fees \$ _____	Student Contribution \$ _____
Books and Supplies \$ _____	Parent Contribution \$ _____
Room and Board \$ _____	Spouse's Contribution \$ _____
Personal Expenses \$ _____	Veteran's Benefits \$ _____
Transportation \$ _____	Social Security \$ _____
Other: _____ \$ _____	Other: _____ \$ _____
Total Expenses: \$ _____	Total Resources: \$ _____

We have made the following awards:

	Applied For:		Awarded:		Amount
	Yes()	No()	Yes()	No()	\$ _____
Pell Grant	Yes()	No()	Yes()	No()	\$ _____
S.E.O.G.	Yes()	No()	Yes()	No()	\$ _____
Work Study	Yes()	No()	Yes()	No()	\$ _____
Loans: _____	Yes()	No()	Yes()	No()	\$ _____
Tuition Grant	Yes()	No()	Yes()	No()	\$ _____
Other: _____	Yes()	No()	Yes()	No()	\$ _____
Other: _____	Yes()	No()	Yes()	No()	\$ _____
			Total Awards:		\$ _____
			Unmet Need (cost of attendance - [resources + awards]):		\$ _____

I recommend the student: () receive () not receive: Fall \$ _____ Winter \$ _____ Spring \$ _____

This applicant () is () is not academically eligible for financial aid under the rules of this university/college (if student is ineligible for financial aid, please explain why).

Financial Aid Officer Signature Institution Telephone Date

Financial Aid Officer Name: (Please Print) _____

FAO E-mail address: _____ Phone: _____