

**FALL 2020 SPECIAL DONOR SCHOLARSHIPS**  
**George Then Business Scholarship**

We are pleased to announce the **George Then Business Education Scholarship**. The scholarship was established by George Then to support Hopi students and to promote careers in the Business field. Two (2) **\$500** scholarship available for a full-time undergraduate Hopi student pursuing a degree in the **Business field** at an accredited college or university for the **Fall 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).

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**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 an undergraduate or graduate degree in the business field. This includes all aspects of business such as finance, marketing, economics, accounting, etc.
5. Must have completed the Free Application for Federal Student Aid (FAFSA) and have applied for all federal, state, and institutional aid.
6. Possess a **Cumulative Grade Point Average** (CGPA) as follows  
Undergraduate- 2.50 at current institution attending  
Graduate- 3.0 at current institution attending
7. Must be a full time **undergraduate student or graduate student** for Fall 2020 semester.

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**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.

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**DEADLINE DATE**  
**October 16, 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](mailto:RPolivema@hopi.nsn.us)***



**George Then Business Scholarship Application**

Hopi Tribe Grants and Scholarship Program  
P.O. Box 123  
Kykotsmovi, Arizona 86039  
3542 or (800) 762-9630

Deadline Date:  
October 16, 2020  
by 5:00pm (MST) (928) 734-

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

Financial Assistance:

Terms applying for:  
Fall 2020 \_\_\_\_\_

(XX) full-time

(XX) George Then Business Scholarship

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 (freshmen, soph., junior, or senior): \_\_\_\_\_ 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 |
|--------|------------|-------------------|----------------|
| _____  | _____      | _____             | _____          |
| _____  | _____      | _____             | _____          |
| _____  | _____      | _____             | _____          |
| _____  | _____      | _____             | _____          |

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 **Fall semester**, all recipients must submit an official transcript by **January 15, 2021..**
- 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 per semester.
- 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.
- 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 Hopi Education Endowment Fund (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**

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**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.