



SPECIAL SCHOLARSHIP
Susan Then Science Scholarship

We are pleased to announce the **Susan Then Science Scholarship**. The scholarship was established by Mr. George Then to honor his late wife Susan and to promote careers in the Science field. Mrs. Then, a former High School biology teacher enjoyed all sciences. Two (2) **\$500** scholarship are available for a full-time undergraduate Hopi students pursuing a degree in the Science fields 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).

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 sciences. Sciences include but are not limited to Biology, chemistry, health sciences, pharmacy, 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 or graduate** student for the Fall 2020 semester.

REQUIRED DOCUMENTS

1. Susan Then Science Scholarship Application (Special Scholarship Application)
2. Essay (1 page single spaced 12-point font) – Essay topic “What is your inspiration for choosing the Science 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. Program of Study (POS)
6. Verification of Hopi 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
October 16, 2020

ALL DOCUMENTS MUST BE RECEIVED BY 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



Susan Then Science Scholarship Application

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

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

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

Financial Assistance:

Terms applying for:

(XX) Susan Then Science Scholarship

Fall 2020__

(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 (freshman, 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
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 Susan Then Science Scholarship.
- B. At the end of the **Fall semester**, all recipients must submit an official transcript by **January 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 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 GPA or 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 Susan Then Science 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.