HOPI TRIBE GRANTS AND SCHOLARSHIP PROGRAM

P.O. Box 123 Kykotsmovi, AZ 86039 * 1 (800) 762-9630 or (928) 734-3542

https://www.hopi-nsn.gov

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 (Associate, Bachelor, Master, or Post Graduate) 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 and seeking a degree.
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:

   - 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/Post-Graduate students 3.00 CGPA

FINANCIAL ASSISTANCE AWARDS

1. **Bureau of Indian Affairs (BIA) Higher Education Grant:** This award assists students who are attending a regionally accredited institution at Full-time status ONLY (12 credit hours or more).
2. **Hopi Education Award (HEA):** This award assists students who are attending a regionally accredited institution at Full-time status ONLY (12 credit hours or more).
3. **Tuition and Book Award (T/Bk):** This award assists students who are attending a regionally accredited institution at Part-time status (1-11 credit hours) or who demonstrate **NO** unmet need.

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 a secondary source of funding.

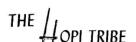***FUNDS ARE NOT DISBURSED IN ACCORDANCE WITH INSTITUTION DEADLINE DATES.***

HTGSP DEADLINE DATES

FALL SEMESTER	**WINTER SEMESTER**	**SPRING SEMESTER**
JULY 15TH	**OCTOBER 15TH**	**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 DOCUMENTS WILL NOT BE ACCEPTED. APPLICATIONS MAY BE SCANNED AND EMAILED.

REVISED 11/2021

_____ 1) **Application**: All sections of the application must be complete for each term of funding requested and each time an application is made.

_____ 2) **Verification of Hopi Enrollment Form (VOE)**: Complete Part 1 ONLY and return with application. No other form of verification is acceptable.

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

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

___College transcripts **must** be submitted for **ALL** colleges/universities attended by applicant to include institutions not funded by the HTGSP. Transcripts must be in a sealed envelope from the institution to be considered official. E-scripts/parchment transcripts must be retrieved by HTGSP staff to be considered official. *Note: Official transcripts will be required when re-applying to HTGSP.

_____ 4) **Financial Needs Analysis (FNA) Form**:
___**ALL** students **must** complete the Free Application for Federal Student Aid (FAFSA).
___Applicants are to complete Part I of the FNA and submit to the Financial Aid Officer (FAO) at the Institution to be attended. The FAO will complete Part II of the FNA and return to our office (**ESTIMATES ARE NOT ACCEPTABLE).** HTGSP FNA form is the only acceptable document.
*Note: The FNA will not be completed by the FAO if your financial aid file is not determined complete with the Institution of attendance.

_____ 5) **Signed Program of Study (POS) (i.e., Degree Checklist, Degree Audit, DARS, etc.)**:
Sophomore through post-graduate level students must submit a signed POS at the 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 of completion.
*An Institution course catalog is not an acceptable form of a POS.

The application and supporting documents may be submitted by:

Scan(PDF) and email to:	*Mail In:*	*FedEx/UPS:*
	Hopi Tribe Grants and Scholarship Program	*Hopi Tribe*
RPolivema@hopi.nsn.us	*P.O. Box 123*	*Attn: Grants and Scholarship Program*
	Kykotsmovi, AZ 86039	*1 Main Street*
		Kykotsmovi, AZ 8603

Failure to supply all required documents by the listed deadline will ~~preclude~~ *result in the application not meeting the eligibility for funding under the HTGSP policies. Scanned documents must be in a PDF format. Screenshots, JPEG, or other formats are not acceptable.*

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)

<u>FALL SEMESTER</u>   <u>WINTER SEMESTER</u>   <u>SPRING SEMESTER</u>
JULY 15TH   OCTOBER 15TH   DECEMBER 15TH

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

Terms applying for (enter semester year):

Fall   20_____   (   ) full-time (   ) part-time
Winter 20_____ (trimester systems only) (   ) full-time (   ) part-time
Spring 20_____   (   ) full-time (   ) part-time

Name: _____Other Last Names used: _____
          Last   First   Middle Initial

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

E-mail address: _____Gender: Male   Female

Mailing Address: _____City_____State_____Zip Code_____

Hopi Enrollment No.: _____   Phone (_____)_____

Please circle one: Veteran: Yes   No   First Generation student?   Yes   No
(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/address:_____Expected date of college graduation:_____

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

Degree currently pursuing (circle one):   Associate   Bachelor   Master   Post-Graduate

Major:_____   Minor: _____

REQUIRED TO LIST CURRENT & PREVIOUS POST-SECONDARY SCHOOL(S) 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

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:_____

(PART II is 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

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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: ***-**-_____

Mailing Address: _____

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

Has student completed the FAFSA Application?   Yes   No   Is the student a Graduate Student?   Yes   No
(Required of all applicants)

Cost of attendance based on _____ credit hours: Resources:
semester or academic year:

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 Cost of attendance:	$_____	Total Resources:	$_____

The following awards have been applied:

	Awarded:		Amount
Pell Grant	Yes( )	No( )	$_____
S.E.O.G.	Yes( )	No( )	$_____
Work Study	Yes( )	No( )	$_____
Loans:_____	Yes( )	No( )	$_____
Tuition Grant	Yes( )	No( )	$_____
Other:_____	Yes( )	No( )	$_____
Other:_____	Yes( )	No( )	$_____
		Total Awards	$_____

Unmet Need (cost of attendance - [resources + awards]): $_____

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

This applicant (   ) is or (   ) is not academically eligible for financial aid under the rules of this institution (If student is ineligible for financial aid, please explain why)._____

Institution Mailing Address:_____

FAO E-mail address:_____   Phone:_____

_____   _____
Financial Aid Officer Name (Please Print/ Signature)   Date

892021