FINANCIAL AID APPLICATION

Congratulations on your decision to continue your education! The Hopi Tribe Grants and Scholarships Program (HTGSP) provide 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

<table>
<thead>
<tr>
<th>FALL SEMESTER</th>
<th>WINTER SEMESTER</th>
<th>SPRING SEMESTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>JULY 15TH</td>
<td>OCTOBER 15TH</td>
<td>DECEMBER 15TH</td>
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</table>

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 8/2021
Hopi Tribe Grants and Scholarships Program (HTGSP)
Application Check List

1) **Application**: All sections must be complete regardless of prior applications submitted.

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 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 regardless of not being funded by HTGSP. Transcripts must be in 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 is the only acceptable document.
   *Note: The FNA will not be completed by FAO if your financial aid file is not determined complete with the Institution.

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 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.
   *Course catalog copy is not an acceptable form of a POS.

**Several ways of Submitting Application and Supporting Documents (HTGSP does not accept postmarked applications or documents):**

**Scan and email to:**
Hopi Tribe Grants and Scholarship Program
RPolivema@hopi.nsn.us

**Mail In:**
P.O. Box 123
Kykotsmovi, AZ 86039

**FedEx/UPS:**
Hopi Tribe
1 Main Street
Kykotsmovi, AZ 86039

**Attn:** Grants and Scholarship Program

**Scanned documents must be PDF format. Screenshots, JPEG, or other forms 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)
ANSWER ALL QUESTIONS AND PRINT CLEARLY. READ, SIGN AND DATE THE APPLICATION

Terms applying for (enter semester year):

<table>
<thead>
<tr>
<th>Semester</th>
<th>20__</th>
<th>Full-time</th>
<th>Part-time</th>
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</thead>
<tbody>
<tr>
<td>Fall</td>
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<tr>
<td>Winter</td>
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<td></td>
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<tr>
<td>Spring</td>
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</tbody>
</table>

Name: ____________________________________________  Other Last Names used: __________________________________

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): Associates  Bachelors  Masters  Post-Graduate

Major: ____________________________  Minor: ____________________________

REQUIRED TO LIST CURRENT & PREVIOUS POST-SECONDARY SCHOOL(S) ATTENDED (use additional page if necessary).

<table>
<thead>
<tr>
<th>School</th>
<th>City/State</th>
<th>Sem./Yr. attended</th>
<th>Credits earned</th>
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<tbody>
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</tbody>
</table>

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: MEMBERHIPS 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.
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:

<table>
<thead>
<tr>
<th>Awarded:</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pell Grant Yes(     ) No(     )</td>
<td>$_________________</td>
</tr>
<tr>
<td>S.E.O.G. Yes(     ) No(     )</td>
<td>$_________________</td>
</tr>
<tr>
<td>Work Study Yes(     ) No(     )</td>
<td>$_________________</td>
</tr>
<tr>
<td>Loans:_________________ Yes(     ) No(     )</td>
<td>$_________________</td>
</tr>
<tr>
<td>Tuition Grant Yes(     ) No(     )</td>
<td>$_________________</td>
</tr>
<tr>
<td>Other:_________________ Yes(     ) No(     )</td>
<td>$_________________</td>
</tr>
</tbody>
</table>

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 8/2021