



## 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

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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.

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#### 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](http://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.\***

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#### HTGSP DEADLINE DATES

**FALL SEMESTER**  
JULY 15<sup>TH</sup>

**WINTER SEMESTER**  
OCTOBER 15<sup>TH</sup>

**SPRING SEMESTER**  
DECEMBER 15<sup>TH</sup>

**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.\***



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

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- \_\_\_\_\_ 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:

[RPolivema@hopi.nsn.us](mailto: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

**Scanned documents must be PDF format. Screenshots, JPEG, or other forms are not acceptable.**

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### 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)



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DECEMBER 15<sup>TH</sup>

**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): Associates Bachelors Masters 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

*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.



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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:  
Semester or Academic year:

Resources:

Tuition and Fees                     \$ \_\_\_\_\_  
Books and Supplies                     \$ \_\_\_\_\_  
Room and Board                     \$ \_\_\_\_\_  
Personal Expenses                     \$ \_\_\_\_\_  
Transportation                     \$ \_\_\_\_\_  
Other: \_\_\_\_\_                     \$ \_\_\_\_\_  
  
Total Cost of Attendance:             \$ \_\_\_\_\_

Student Contribution                     \$ \_\_\_\_\_  
Parent Contribution                     \$ \_\_\_\_\_  
Spouse's Contribution                     \$ \_\_\_\_\_  
Veteran's Benefits                     \$ \_\_\_\_\_  
Social Security                     \$ \_\_\_\_\_  
Other: \_\_\_\_\_                     \$ \_\_\_\_\_  
  
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