

# YAKAMA NATION HIGHER EDUCATION



## SCHOLARSHIP/GRANT APPLICATION

DEADLINES TO APPLY	
JULY 1	FALL QUARTER & SEMESTER
NOV 1	WINTER QUARTER & SEMESTER
FEB 1	SPRING QUARTER
MAY 1	SUMMER QUARTER & SEMESTER
MAY 1	HIGH SCHOOL SENIORS (for announcement at graduation events)

## Application Checklist

### NEW HIGH SCHOOL OR FIRST TIME STUDENTS:

- Application Complete with Personal Letter and Signature(s)**
- Yakama Enrollment Verification Documents**
- College Acceptance or Conditional Acceptance Letter**
- Unofficial High School Grade Transcripts for May 1<sup>st</sup> deadline. Official High School Grade Transcripts due by July 1<sup>st</sup> deadline. GED Scores are also accepted.**
- Copy of Free Application for Federal Student Financial Aid (FAFSA)**
- College Grade Transcripts, if applicable**
- Financial Needs Analysis (FNA) from the Institution's Financial Aid Office. If approved, the FNA must be submitted no later than 14 business days prior to the start of term.**

### RETURNING STUDENTS:

- Application Complete with Personal Letter and Signature(s)**
- Copy of Free Application for Federal Student Financial Aid (FAFSA)**
- College Juniors and Seniors - a degree audit**
- College Grade Transcripts (Up to Date)**
- Financial Needs Analysis (FNA) from the Institution's Financial Aid Office. If approved, the FNA must be submitted no later than 14 business days prior to the start of term.**

### GRADUATE STUDENTS: (Master's and PHD)

- Application Complete with Personal Letter and Signature(s)**
- List of other scholarships applied for (title, amount, date applied, awarded/denied)**
- Grade Transcripts showing most recent degree completed.**
- Official Acceptance from Graduate School**
- Program of Study Outline showing anticipated Completion date**
- Financial Needs Analysis (FNA) from the Institution's Financial Aid Office. If approved, the FNA must be submitted no later than 14 business days prior to the start of term.**

## Tribal Scholarship/BIA Grant Application

Academic Year: \_\_\_\_\_ ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) Graduate  
( ) Fall ( ) Winter ( ) Spring Expected Completion Date: \_\_\_\_\_  
( ) Summer: Separate application and based on availability of funds and academic status  
( ) Full Time (minimum 12 credits per quarter or 15 credits per semester)  
( ) Part Time (Low priority and availability of funding)  
( ) Returning Student in Good Standing ( ) New Student  
( ) High School Graduate (May 1 deadline is to have your award announced at graduation)  
( ) High School Diploma OR ( ) GED; School: \_\_\_\_\_; Year: \_\_\_\_\_

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### PERSONAL INFORMATION:

NAME: \_\_\_\_\_ Last 4 SSN: xxx-xx- \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell: \_\_\_\_\_ Mess#: \_\_\_\_\_ Email: \_\_\_\_\_  
YAKAMA ENROLLMENT NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
( ) Male ( ) Female ( ) Single ( ) Married; Number of Dependents: \_\_\_\_\_

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COLLEGE STUDENT ID NUMBER: \_\_\_\_\_ (scholarship checks sent with student ID #)

COLLEGE/UNIVERSITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

EXPECTED GRADUATION DATE: \_\_\_\_\_ Cumulative GPA: \_\_\_\_\_

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## **Personal Letter**

**(Please indicate your educational and employment goals)**

## STATEMENT OF PRIVACY

### PLEASE READ CAREFULLY

THE PRIVACY ACT OF 1974 REQUIRES EACH FEDERAL AGENCY THAT MAINTAINS A SYSTEM OF INFORMATION ON INDIVIDUALS TO INFORM THOSE INDIVIDUALS AS TO:

- A. THE AUTHORITY (WHETHER GRANTED TO STATUTE, OR BY EXECUTIVE ORDER OF THE PRESIDENT) WHICH AUTHORIZES THE SOLICITATION OF THE INFORMATION AND WHETHER DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR.
- B. THE PRINCIPLE PURPOSE OR PURPOSES FOR WHICH THE INFORMATION IS INTENDED TO BE USED.
- C. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION, AS PUBLISHED PURSUANT TO PARAGRAPH (4), (D) OF THIS SUBSECTION AND.
- D. THE EFFECTS ON HIM OR HER, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION.

THE INTENT OF COLLECTING AND MAINTAINING THIS DATA IS TO DETERMINE ELIGIBILITY. FAILURE OF THE APPLICANT TO PROVIDE THE NECESSARY INFORMATION MAY PRECLUDE APPLICANT ELIGIBILITY.

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## TRIBAL SCHOLARSHIP AGREEMENT

I UNDERSTAND THAT IF I WITHDRAW OR EARN 0.00 GPA AND/OR ZERO CREDITS IN ANY TERM FOR INSUFFICIENT REASON(S), I WILL REFUND THE TRIBAL SCHOLARSHIP. I AGREE TO USE THE AWARD FOR EDUCATIONAL PURPOSES AND UNDERSTAND IT IS MY RESPONSIBILITY TO SEND GRADE TRANSCRIPTS AND REGISTRATION AT THE END OF EACH TERM TO THE HIGHER EDUCATION OFFICE AS WELL AS INFORM THE PROGRAM OF ANY CHANGES TO MY EDUCATIONAL GOALS/INTENT.

I HAVE READ THE STATEMENT OF PRIVACY AND TRIBAL SCHOLARSHIP AGREEMENT AND AM IN AGREEMENT. I HEREBY PROVIDE THE INFORMATION AND BY MY SIGNATURE ATTEST THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT MY UNDERGRADUATE TRIBAL SCHOLARSHIP AMOUNT IS \$1,500.00 FOR THE ACADEMIC YEAR AND \$3,000.00 FOR GRADUATE LEVEL AS A FULL TIME STUDENT. TRIBAL AND BIA AWARDS WILL BE SENT DIRECTLY TO THE COLLEGES.

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## FINANCIAL NEEDS ANALYSIS

### STUDENTS COMPLETE PART A AND THE INSTITUTION WILL COMPLETE PART B

**A. NAME:** \_\_\_\_\_ **TRIBAL ENROLLMENT #:** \_\_\_\_\_

**COLLEGE/UNIVERSITY** \_\_\_\_\_

By signing this form, I hereby authorize the release of information from my file. I understand that all pertinent financial aid information will be provided to Yakama Nation Higher Education as requested to complete the Need Analysis. This information may be released for the total duration of my enrollment.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_ **STUDENT ID#:** \_\_\_\_\_

**B. COLLEGE FINANCIAL AID OFFICER PLEASE COMPLETE AND RETURN TO: YAKAMA NATION HIGHER EDUCATION - P.O. BOX 151; TOPPENISH, WA 98948 OR EMAIL: ynhighered@yakama.com**

BUDGET		RESOURCES	
TUITION & FEES: \$ _____		STUDENT CONTRIBUTION: \$ _____	
ROOM & BOARD: \$ _____		SPOUSE CONTRIBUTION: \$ _____	
BOOKS: \$ _____		PARENTAL CONTRIBUTION: \$ _____	
DEPENDENTS: \$ _____		SOCIAL SECURITY: \$ _____	
CHILDCARE: \$ _____		ADC/PA: \$ _____	
TRANSPORTATION: \$ _____		OTHER: \$ _____	
<b>TOTAL: \$ _____</b>		<b>TOTAL: \$ _____</b>	

CAMPUS BASED AID:	FALL	WINTER	SPRING	TOTAL
PELL GRANT	_____	_____	_____	_____
SEOG	_____	_____	_____	_____
STATE NEED GRANT	_____	_____	_____	_____
WORK STUDY	_____	_____	_____	_____
TUITION WAIVER	_____	_____	_____	_____
COLLEGE SCHOLARSHIP	_____	_____	_____	_____
LOANS	_____	_____	_____	_____
OTHER	_____	_____	_____	_____

**F.A.O. SIGNATURE AND TITLE:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **Comments:** \_\_\_\_\_