



Tribal Scholarship Application New Applicants

Send Application Packets to:
Pueblo of San Felipe
Education Department
P.O. Box 4339, San Felipe, NM 87001
Fax: 505-867-0320
achavezl@sfpueblo.com
Office: 505-771-9960

Critical Tasks to Complete Before Submitting Your Application:

1. Complete the **Free Application for Federal Student Aid (FAFSA)** at <https://fafsa.ed.gov/>. The PoSF ED can help you complete the FAFSA. Call and make an appointment.
2. Submit the **Financial Needs Analysis (FNA)** form to your school's financial aid office after you register for classes. Your school's financial aid office will return the completed form to our office.

Required Documents:

1. _____ Tribal Scholarship Application
2. _____ Privacy Statement/FERPA Release
3. _____ Letter of acceptance/enrollment verification from your postsecondary institution
4. _____ Pueblo of San Felipe Certificate of Enrollment or copy of your tribal ID
5. _____ High school/GED or college **official transcripts. Unofficial transcripts are not acceptable.**
6. _____ Copy of your course schedule reflecting enrollment of 6 or more credit hours

Eligibility Requirements:

- Must be an enrolled member of the Pueblo of San Felipe
- Must complete the Free Application for Federal Student Aid (FAFSA)
- Must have a 2.0 Cumulative GPA upon application **or** if your GPA is below a 2.0 and a minimum of 5 years has passed since you last attended school, submit an appeal letter
- Must be enrolled in a regionally accredited postsecondary institution
- Must be enrolled a minimum of 6 credit hours per semester
- Must not be in default on a federal or tribal loan or owe a refund on a federal grant

Scholarship Award Amounts:

Contingent upon availability of funds. Other factors may also impact awards.

Full-time students are eligible for up to \$3000 per semester and part-time students for up to \$1500 per semester. Eligible students with no demonstrated need may qualify for a small award.

Tribal Scholarship process



Fall Priority Deadline: July 14

Spring Priority Deadline: December 15

Summer Priority Deadline: April 28

*Applications received after the priority deadline date may be reviewed if additional funding is available.

TRIBAL SCHOLARSHIP PROGRAM APPLICATION

(Must be typed, or printed legibly in black or blue ink)

Name: _____
First Middle Last

Mailing Address: _____
PO Box or Street Number City/State/Zip Code

Home Ph.: _____ **Cell Ph.:** _____ **Email:** _____

DOB: _____ **Age:** _____ **Sex:** Female _____ Male _____ **Last 4 digits of SS#:** _____

Names of Parents: _____

Emergency Contact: _____ **Phone:** _____

High School: _____ **Graduation Date or GED:** _____

Higher Education Institution Attending: _____
Name of Institution City/State

Major Pursuing: _____ **Student ID#:** _____

Year in School: Freshmen _____ Sophomore _____ Junior _____ Senior _____

Anticipated Graduation Date: _____ **I will live:** On-campus _____ Off-campus _____
Month/Year

I am a (check one): Part-time Student (6-9 credits) _____ Full-time Student (12+ credits) _____

Degree Type (check one): Certificate _____ Associate _____ Undergraduate _____ Graduate _____ Doctoral _____

List all higher education institutions you have attended, including enrollment as a dual credit student:

Univ./College: _____ Dates Attended: _____

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Term for which you are applying (check one): Fall _____ Spring _____ Summer _____

Have you received a Pueblo of San Felipe Tribal Scholarship before? Yes _____ No _____

If yes, when? _____

Should I be awarded, I agree to comply with all policies and procedures of the Pueblo of San Felipe Education Department. I further state that all information I submitted is true and correct to the best of my knowledge. I understand my application packet will not be reviewed until all required documents are submitted to the Education Department as requested. I further understand application packets will be reviewed in order of date of completion.

Applicant Signature: _____ **Date:** _____

PRIVACY STATEMENT

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 by statute or by executive order of the President) which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
- B. The principal purpose or purposes for which the information is intended to be used.
- C. The routine uses which may be made of the information, as pursuant to paragraph (4) (D) of the subsection and of the requested information.

The Bureau of Indian Affairs Higher Education Program operates under the general authority of 24 USC Chapter 13, 42 STAT 208 P.L. 67-85 with specific legislation contained in 25 U.S.C., Subchapter E, Part 32, Administration of education loans, grants, and other assistance for higher education.

In accordance with the accountability required for the administration of the funds appropriated for the program and in order to provide services to recipients and to declare eligibility, certain information is required of the applicants. This form solicits the required information. Use of personal data will be available to authorize sources upon request. The applicant should understand that the intent of collecting and maintaining is for the production of certain statistical records required of the office. Failure on the part of the applicant to provide the requested information will preclude the applicant for eligibility in obtaining higher education assistance under the Pueblo of San Felipe Tribal Scholarship Program.

I have read the Privacy Statement listed with the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Signature: _____ Date: _____

Family Educational Rights and Privacy Act (FERPA) Release

The Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR Part 99) is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education.

FERPA gives parents certain rights with respect to their children's education records. These rights transfer to the student when he or she reaches the age of 18 or attends a postsecondary institution. Students to whom the rights have transferred are "eligible students."

Under the FERPA, the Pueblo of San Felipe Education Department is permitted to disclose information from your education records to your parents if your parent/s claim you as a dependent for federal tax purposes. Please indicate whether your parent/s claim you as a tax dependent.

_____ Yes. I certify that my parents claim me as a dependent for federal income tax purposes.

_____ No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _____ Date: _____

If you are not a dependent or do not know if your parents claim you as a dependent for federal income tax purposes, but you agree that the Pueblo of San Felipe Education Department (PoSF ED) may disclose information from your education records to your parents, please sign the following consent: I consent to the disclosure of any personally identifiable information from my education records to my parent(s) for reasons determined by the PoSF ED as appropriate. This authorization will remain in effect until I notify the Education Department in writing of any changes.

Signature: _____ Date: _____

Name of Parent(s) Authorized by Student: _____

**Financial Needs Analysis (FNA) Form
(Submit to your school's Office of Financial Aid)**

Name: _____
First Middle Last

Mailing Address: _____
PO Box # or Street # City/State/Zip Code

Student's Home Ph.: _____ Cell Ph.: _____ Email: _____

DOB: _____ University/College ID #: _____

Where will you be living while in school? On-campus _____ Off-campus _____ With Parents _____

I hereby give permission to the Financial Aid office to release any information on my financial aid and academic status to the Pueblo of San Felipe Education Department.

Student's Signature: _____ Date: _____

To be completed by the University/College Office of Financial Aid

Name of Institution: _____

Enrollment Status: Full-time _____ Part-time _____ **Term:** Fall _____ Spring _____ Summer _____

Expenses:

Resources:

	Fall	Spring	Summer		Fall	Spring	Summer
Tuition/Fees				Pell Grant			
Books/Supplies				SEOG/SSIG/NMCAG			
Room/Board				Work-study			
Transportation				Scholarship			
Personal				Loans			
Childcare				Est. Family Contrib.			
Other				Other			
Total				Total			

Total Expenses: _____ **(-) Total Resources:** _____ **= Unmet Need:** _____

Financial aid resources will cover expenses for the period of _____ to _____
Month/Yr. Month/Yr.

Please send complete FNA forms by email or fax: achavezl@sfpueblo.com; (505) 867-0320

Signature of Financial Aid Officer: _____ Date: _____

Contact Phone Number and/or Email: _____

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