



Send Application Packets to:
Pueblo of San Felipe
Education Department
P.O. Box 4339, San Felipe, NM
87001
Fax: 505-867-0320
Scholarships@sfpueblo.com
Office: 505-771-9970

Tribal Scholarship Application

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. You do not need to submit anything to us however, your institution requires it to be completed before they complete your Financial Needs Analysis (FNA).

Required Documents:

1. _____ Tribal Scholarship Application
2. _____ Privacy Statement/FERPA Release
3. _____ High School Transcript Official (If just graduated from high school)
4. _____ College Official or Unofficial Transcripts. (Transcripts must include current semester grades)
The Education Department understands that grades get posted late however keep the department informed on the process
5. _____ Copy of your course schedule reflecting enrollment of 6 or more credit hours for the current semester.
6. _____ Financial Needs Analysis (FNA) for each semester in which you are requesting funding.

Incomplete scholarship applications will NOT be processed

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, call our office directly for more information.
- Must be enrolled in a regionally accredited post-secondary 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 the 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.

Tribal Scholarship process:



Fall Priority: **August 15**

Spring Priority: **January 15**

Summer Priority: **May 31**

****Submitting all required information before the priority dates will help ensure that the review process and turnaround of your award to your institution will be expedited. Applications will be accepted throughout each semester. However, applications cannot be submitted to cover any costs from a previous semester****

SCHOLARSHIP APPLICATION

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

An application is required **each semester** to request funding. **All** fields must be accurate and complete.

Name: _____
First Middle Last

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

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

DOB: _____ **Tribal Enrollment Number:** _____

Age: _____ **Sex:** Female _____ Male _____ **Are you a veteran?** ___Yes ___No

Names of Parents: _____

Name(s) of Maternal Grandparents: _____

Name(s) of Paternal Grandparents: _____

High School: _____ **HS/GED Graduation Date** _____

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

Higher Education Institution Financial Aid Office Address: _____

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

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

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

I am a (check one): PT Student (6-9 credits) _____ FT Student (12+ credits- Assoc/Bachelors or 9+ Grad level) _____

Degree Type (check one): Certificate_____ Associate_____ Bachelors _____ Masters_____ Doctoral_____

Select the semester you are applying for and indicate the term year (check one):

- Fall_____
- Spring_____
- Summer_____

Have you received a Pueblo of San Felipe Tribal Scholarship before? Yes_____ No_____

If yes, list all semesters/years in which you received funding.

What is your scholarship status? In good standing _____ On probation _____ On suspension _____

What other scholarships will you apply for?

Name of Scholarship	Estimated Amount

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: _____ **Phone #:** _____

