

# San Carlos Apache Tribe Education Department



## Education Assistance Request College/University Students

College/University students are to submit all documents listed below for their request. Admissions and FAFSA are to be completed for a current semester/school year.

If you are a current Higher Education Program student that has already been awarded this current semester/school year you will not have to submit items that are already on file with the department.

### Student Check List:

Please keep this cover page for your records and our program contact information



Located Downtown  
San Carlos, Ave  
Behind the San Carlos  
Post Office



Phone:  
928-475-2336



Mailing Address:  
P.O. Box 0  
San Carlos, AZ 85550



Website:  
scat-education.com

- Education Assistance Form
- CIB – Original Certificate of Indian Blood with stamp and current date/ or Tribal ID (Copy Front & Back)
- Official College Transcript
- Official High School Transcript
- FAFSA Student Aid Report
- Admission Letter/Enrollment Verification
- Class Schedule
- Course Plan
- Financial Needs Analysis – FNA
- Other documents to support your request, see Education Assistance Form



**EDUCATION ASSISTANCE APPLICATION**  
**San Carlos Apache Tribe Education Department**  
**P.O. Box 0**  
**San Carlos, Arizona 85550**  
**Phone: (928) 475-2336 Fax: (928) 475-2507**

Emergency  
 Full-Time  
 Part-Time

Please complete the application. Incomplete applications will not be reviewed or processed and marked as Pending. Answer all questions as they apply to you and your request. Education Request Only for College/University students.

**Applicant Contact/Information:**

Full Name: \_\_\_\_\_ Last 4 Digits SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 Street/Address/P.O. Box # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Tribal Enrollment No: \_\_\_\_\_ District:  Bylas  Gilson Wash  Seven Mile  Peridot

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Academic Status/Information:**

Name of College/University attending: \_\_\_\_\_

Major: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Semester/Term:  Fall 20\_\_\_\_  Winter 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

Fill in the year next to the Semester/Term

**Total Earned Credit Hours - Official Transcript Required:**

Year in College/University: Official Transcript(s) Required	<input type="checkbox"/> Freshmen 0-30 Credits	<input type="checkbox"/> Sophomore 31-59 Credits	<input type="checkbox"/> Junior 60-89 Credits	<input type="checkbox"/> Senior 90-125 Credits
--	---	---	--	---

Degree Goal: Degree Plan Required	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Bachelor's Degree Masters/PhD Circle Year:	<input type="checkbox"/> Master's Degree Year: 1 <sup>ST</sup> , 2 <sup>ND</sup>	<input type="checkbox"/> PhD/Doctoral Degree Year: 1 <sup>ST</sup> , 2 <sup>ND</sup> , 3 <sup>RD</sup>
--------------------------------------	---	--	---	---

Type of Student: Class Schedule Required Fall/Spring	<input type="checkbox"/> In-Person Only	<input type="checkbox"/> Online Only	<input type="checkbox"/> Hybrid – In-class & online
---	---	--------------------------------------	---

Living arrangements while attending school: Dorm/Apartment Lease Agreement Required for SCAT residence moving closer to their college/university	<input type="checkbox"/> Dormitory	<input type="checkbox"/> Apartment Rental	<input type="checkbox"/> Home Owner	<input type="checkbox"/> With Parents	<input type="checkbox"/> Other: _____
---	------------------------------------	---	-------------------------------------	---------------------------------------	---------------------------------------

**Financial Information – Current School Year Student Aid Report Required:**

Have you applied for FAFSA Free Application for Federal Student Aid school year? Yes  No

If Yes, what is your FAFSA Status?  Total Awarded Amount \$\_\_\_\_\_

If No, what is your status?  Suspended  Not Eligible, reason: \_\_\_\_\_

Have you applied for other scholarships, awards, funds, etc.? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_

**Request – Please list the amount you are requesting:**

<sup>^</sup>Tuition/Training \$\_\_\_\_\_ <sup>^</sup>Books \$\_\_\_\_\_ <sup>^</sup>Dorm Fee \$\_\_\_\_\_ <sup>\*Apt. Rent \$</sup>\_\_\_\_\_

<sup>^</sup>Transportation \$\_\_\_\_\_ <sup>\*</sup>Flight \$\_\_\_\_\_ <sup>^</sup>Other \$\_\_\_\_\_ Explain: \_\_\_\_\_

**The total amount of Assistance you're requesting for \$\_\_\_\_\_**

<sup>^</sup>Tuition/Training/Books/Dorm/Transportation - Financial Needs Analysis is required <sup>\*</sup>Apartment Rent – Lease Agreement is Required

<sup>\*</sup>Flight – 3 Dates & Times of Flight Information Required <sup>^</sup>Other – Supporting Documents of cost Required

**Educational History – Please List Most Current to Past**

Name of College/Univ.	City/State	Date of Attendance	Credits Earned

I received my:  High School Diploma  G.E.D. Certificate Date & Year of Graduation: \_\_\_\_\_  
Official High School Transcript Required for First Time/Lapsed Applicants

Name of High School: \_\_\_\_\_

Type of High School:  Public  Private  Online Public  Foreign  BIA Boarding

**Student Consent Form****NOTICE: ALL APPLICANT FILES SHALL BE KEPT CONFIDENTIAL BY THE SCAT EDUCATION DEPARTMENT**

In order for the Education Department to disclose any information in regard to the recipient's records, a written consent form must be completed and on file. No direct or indirect information will be revealed to a third-party individual, such as a spouse, parent(s), extended family member(s), and any elected official.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
(P.O. Box/Apt. # Street, City, State, Zip)

Marital Status: \_\_\_\_\_ Spouse Name: \_\_\_\_\_ No. of Dependent(s): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_  
(First Name) (Last Name)

Mother's Name: \_\_\_\_\_ Tribal Affiliation: \_\_\_\_\_  
(First Name) (Last Name)

43 CFR Subtitle A. 2.56 Disclosure of Records: No record contained in a system of records may be disclosed by any means of communication to any person or to another agency except pursuant to a written request by or with prior written consent of the individual to whom the record pertains.

I hereby give authorization to the SCAT Education Department to release any information or documents to the following individual(s):

Please mark one:

I Authorize no one to receive information on my behalf, other than myself.

I Authorize the individuals listed below to receive information on my behalf.

Individual's Name	Relationship to Applicant	Information to be released
Individual's Name	Relationship to Applicant	Information to be released

I understand and agree that I must submit all required documents pertaining to my request that including invoice(s), rental/lease agreement, Financial Needs Analysis, Official Transcript, Certificate of Indian Blood, etc.

Should I be awarded – I understand and agree to use funds exclusively for the purpose of my request to further my education at an accredited college/university. By signing below, I agree to the conditions outlined above and I give permission to the SCAT Education Department to contact the college/university or other entities pertaining to my request on my behalf should additional information be needed or relayed for my file and request.

Applicants Authorized Signature Date

*For Official Use Only*

Comments for Review/Recommendation: \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

**APPROVAL:** YES, Amount \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

**NO, Reason:** \_\_\_\_\_

I, \_\_\_\_\_ give consent for the information below to be released to the SCAT Education Dept.

FORM MUST BE COMPLETED BY FINANCIAL AID OFFICE

Student Signature: \_\_\_\_\_

**SAN CARLOS APACHE TRIBE EDUCATION DEPARTMENT  
FINANCIAL NEEDS ANALYSIS**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Cell: \_\_\_\_\_ ID: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_  
(P.O. Box/Apt. # Street, City, State, Zip)

Semester & Year: \_\_\_\_\_ School Year: \_\_\_\_\_ to \_\_\_\_\_ APPLICATION DEADLINE DATES: June 1<sup>st</sup> FALL & November 1<sup>st</sup> SPRING

(Example: Fall 2025)

(Example: 2025-2026)

*Financial Needs Analysis Form must be completed by Financial Aid Office – Student must submit FNA to their Financial Aid Office 6-8 weeks prior to posted application deadline dates*

Please mark box that appropriately describes student status:

- Undergraduate student in enrolled in 12 credit hours and is Full-Time status
- Undergraduate student is enrolled in less than 12 credit hours and is Part-Time status
- Graduate/PhD Student enrolled in 9 credit hours and is Full-Time status
- Student is Suspended from campus based aid – Failure to maintain satisfactory progress
- Student is in Default status on student loans or other student aid
- Student is on Probation for the academic semester(s)

**A. Expenses**

Tuition/Lab Fee	\$
Books/Supplies	\$
Room & Board	\$
Personal Needs	\$
Transportation	\$
Loan Fee	\$

**B. Resources**

SAI	\$
Private Scholarship	\$
Merit Scholarship	\$
Other Scholarship	\$

**C. Awards**

Pell	\$
SEOG	\$
SSIG	\$
UnSub. Loan	\$
Sub. Loan	\$
Tuition Grant	\$
Work Study	\$
Private Loan	\$

**Total Expenses:** \$

**Total Resources:** \$

**Total Awards:** \$

Note: The SCHEP reserves the right to make adjustments on 1. SCHEP Calculation of FNA 2. Commuting over 20 miles 1-way

RECOMMENDED TRIBAL AWARD:

FALL:	\$	WINTER:	\$
SPRING:	\$	SUMMER:	\$

Name of Institution:

Address:

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**Financial Aid Officer Print Name & Initials**

**RETURN COMPLETED FORM TO:**  
San Carlos Higher Education Program  
P.O. Box 0  
San Carlos, AZ 85550  
Phone: (928) 475-2336  
Fax: (928) 475-2507  
Mail Original and Fax/Email Copy to:  
[jaymie.swifthooke@scat-nsn.gov](mailto:jaymie.swifthooke@scat-nsn.gov)  
[highereducation@scat-nsn.gov](mailto:highereducation@scat-nsn.gov)

OFFICIAL USE ONLY:

NEED = \_\_\_\_\_ - ( \_\_\_\_\_ + \_\_\_\_\_ ) = \_\_\_\_\_

- First Time Applicant
- Lapsed Applicant
- Reapplying Applicant
- Reapplying Trans. Applicant
- Suspended
- Sem. GPA

Action:

Approved:

Fall: \_\_\_\_\_

Winter: \_\_\_\_\_

Spring: \_\_\_\_\_

Sem. Award: \_\_\_\_\_

Year Award: \_\_\_\_\_

Denied/Status:

Suspended

No Need

Default Status

Academic Probation

Ex. Probation

Remarks:

Completed By:

Date:

Approved By:

Date:

Education Assistance: \$

Fall/Winter \$:

Spr./Sum. Total: \$

Approved By:

**Processing Notes:**

- Award Sheet Completion Date: \_\_\_\_\_
- Award Letter Completion Date: \_\_\_\_\_
- Payment Sent Date: \_\_\_\_\_ Check #: \_\_\_\_\_

**W9 & Vendor Registration Processing Notes:**

- W9 & Vendor Reg. Sent Date: \_\_\_\_\_
- W9 & Vendor Reg Received Date: \_\_\_\_\_
- Payment Sent Date: \_\_\_\_\_ Check #: \_\_\_\_\_