

## San Carlos Apache Tribe Education Department

# Higher Education Program

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

**Phone:** (928) 475-2336 **Fax:** (928) 475-2507

Dear San Carlos Apache Tribal Member,

The Higher Education is a need-based scholarship that serves eligible San Carlos Apache Members and provides them with the opportunity to complete their educational goals beyond high school. Grants are made available to students who are SCAT enrolled members, show a need, are accepted and enrolled with an accredited college or university as a full-time student.

Best wishes on your education endeavors,

**Executive Director Flora Talas M.Ed.**

### Higher Education Check List:

\*Items starred can be scanned and emailed as a clear PDF to the HED Program Manager.

**First Time Applicant** – First time applying to the Higher Education Program or denied and reapplying again. Can be an Undergraduate/Graduate/PhD Student.

**Lapsed Applicant** – An applicant who has been a part of the Higher Education Program but dropped/left the program 3 or more years prior. Not currently active.

- ☐ 1. \*Tribal Higher Education Program Application/ Policy Agreement
- ☐ 2. Current Certificate of Indian Blood – Copy Not Accepted/\*Copy of Tribal I.D.
- ☐ 3. Official High School Transcripts/GED Certificate with Scores
  - o Official College/University Transcripts \*Electronic Parchment/NSCH
- ☐ 4. \*Free Application for Federal Student Aid – Copy of FAFSA Submission Summary (formerly known as SAR Student Aid Report)
- ☐ 5. \*Admission Letter of Acceptance/Enrollment Verification
- ☐ 6. \*Class Schedule – Fall/Spring
- ☐ 7. \*Education Course Plan – list of courses to earn your degree
- ☐ 8. Higher Education Financial Needs Analysis (FNA) ***This form is submitted by the student to their College/University Financial Aid Office to completed.***
- ☐ 9. \*Dorm/Apartment Lease Agreement (Only for SCAT who have a permanent address on the SCAT Reservation and are moving closer to their college/university.)

**Reapplying Applicant** – an applicant who was currently awarded this past semester(s). **\*Reapplying Transfer Applicant** – an applicant who was currently awarded this past semester(s) and is transferring to another college/university.

- ☐ 1. \*Tribal Higher Education Grant Application/Policy Agreement – Updated
- ☐ 2. Official Transcripts with Posted Semester Grades
  - o \*Unofficial due as soon as available
- ☐ 3. \*Free Application for Federal Student Aid – Copy of Submission Summary
- ☐ 4. \*Class Schedule – Fall/Spring
- ☐ 5. \*Education Course Plan – Updated
- ☐ 6. Higher Education Financial Needs Analysis – Updated
- ☐ 7. \*Dorm/Apartment Lease Agreement - Updated (Only for SCAT who have a permanent address on the SCAT Reservation)
- ☐ 8. \*Letter of intent for the reason of Transfer (For Transfer applicants ONLY)/Admission Letter of Acceptance



## Jaymie Swift-Hooke

Higher Education Program Manager

jaymie.swifthooke@scat-nsn.gov

### Deadline Dates:

June 1

Fall Semester

November 1

Spring Semester

### Important Announcements:

It is the applicant's/student's responsibility to ensure that **all their required documents** are **submitted, completed and on file** with the SCAT Higher Education Program by the posted deadlines.

**All documents are required to determine need-based eligibility for a given semester or academic school year.**

Any misrepresentation or falsification, including **failure to submit the required documents** is cause for **denial** of the San Carlos Apache Tribal Higher Education Program as a recipient.

**All completed applications** are reviewed on first come, first served basis. Documents submitted after the deadline date are not guaranteed to be assessed.<sup>67</sup>

**It is not the responsibility of the Higher Education Program to submit the FNA on behalf of the applicant/student or to follow up with Financial regarding the FNA status, nor is the program required to notify student of their pending documents.**

**Part I. Applicant Information – Please complete all parts of the application****Mark which term best describes you - Please see Cover Page for the Definition of a Higher Education Program Applicant**
☐ First Time Applicant   
 ☐ Lapsed Applicant   
 ☐ Reapplying Applicant   
 ☐ Reapplying Transfer Applicant
**Semester(s) Fall:** \_\_\_\_\_ **Spring:** \_\_\_\_\_**Have you ever been a part of the Job Placement & Training Program?**
☐ No    ☐ Yes   
**Date – Month/Date** \_\_\_\_\_ **Start:** \_\_\_\_\_ **End:** \_\_\_\_\_
**Have you ever been a part of the Higher Education Program?**
☐ No    ☐ Yes   
**Date – Month/Date** \_\_\_\_\_ **Start:** \_\_\_\_\_ **End:** \_\_\_\_\_
**Part 2. Contact Information**

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

Maiden Last Name: \_\_\_\_\_ Birthdate (M/D/Y): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ District: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

(P.O. Box/Apt. # Street, City, State, Zip)

Email Address: \_\_\_\_\_ School Email Address: \_\_\_\_\_

\*Please list the email you check regularly – email notice will be sent prior to a mailed notice

**Part 3. Personal Data****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)

**Part 4. College/University Information & Academic Goal****Name of College/University you are attending:** \_\_\_\_\_

Admission Letter/Enrollment Verification Required for First Time/Lapsed Applicants or Transfer Students

**Proposed Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_ **Graduation Date:** \_\_\_\_\_**Year in College/University:**☐ Freshmen☐ Sophomore☐ Junior☐ Senior

Official Transcript(s) Required

0-30 Credits

31-59 Credits

60-89 Credits

90-125 Credits

**Degree Goal:**☐ Associate Degree☐ Bachelor's Degree☐ Master's Degree☐ PhD/Doctoral Degree

Degree Plan Required

**Masters/PhD Circle Year:****Year: 1<sup>ST</sup>, 2<sup>ND</sup>****Year: 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup>****Type of Student:**☐ In-Person Only☐ Online Only☐ Hybrid – In-class & online

Class Schedule Required Fall/Spring

**Living arrangements while attending school:**☐ Dormitory☐ Apartment Rental☐ Home Owner☐ With Parents☐ Other: \_\_\_\_\_

Dorm/Apartment Lease Agreement Required for SCAT residence moving closer to their college/university

**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

## Part 5. Student Responsibility

As a Post-Secondary adult student, **YOU ARE RESPONSIBLE** for ensuring that all required documentation is on file and complete with the SCAT Higher Education Program – Education Department. Any misrepresentation or falsification, including failure to submit required documents as listed below, is sufficient cause for cancellation/denial of San Carlos Apache Tribal Higher Education Program Award. Documents must be postmarked by the posted deadline dates.

As an adult College/University student, I understand and shall adhere to the guidelines listed below:

1. **Submit a Higher Education Application by June 1<sup>st</sup> of each academic year or Fall and November 1<sup>st</sup> for the Spring semester.**
  - a. Documents submitted after the deadline date will be considered late and will result in Denial of the application.
2. All first-time/lapsed applicants must submit their Official High School transcript or G.E.D. Certificate and Test Scores.
3. Submit a current SCAT Official Certification of Indian Blood with stamped emblem or a copy of your SCAT Tribal I.D. (Front & Back)
4. Submit College/University Official Transcript with your most current completed semester listing your posted grades.
  - a. Official College/University Transcript mailed in sealed envelope or sent directly through Parchment/National Student Clearinghouse electronic services to the Higher Education Program Manager.
5. Complete a current Free Application for Federal Student Aid - FAFSA – Submit Submission Summary for current school year.
6. Submit a Letter of Admissions/Acceptance or Verification of Enrollment from an Accredited College/University.
7. Submit Financial Needs Analysis to your college/university Financial Aid Office for them to process and complete.
  - a. Submit in a timely manner to college/university Financial Aid Officer (6-4 weeks prior to program deadline of June 1<sup>st</sup>/November 1<sup>st</sup>)
  - b. Follow up on your FNA with the Financial Aid Officer
8. Submit a copy of Current Class Schedule (June 1<sup>st</sup> – Fall Schedule, November 1<sup>st</sup> – Spring Schedule)
9. Submit a copy of the Degree Plan for my degree I am working towards.
10. Submit a copy of the Current Dorm/Lease Agreement while attending a College/University (Only for a student who has a Permanent Address on the San Carlos Apache Reservation)
11. Students shall **IMMEDIATELY** submit an official transcript upon completion of each academic semester/quarter. HED undergraduate credit limit, community college 64 credits (must transfer to University) & 125 credit hours max limit.
12. Must comply with academic standards prior to receiving any awards/funding:
  - i. **High School Senior 2.0 G.P.A.** graduating senior entering the program (New HED student)
  - ii. **2.50 Cumulative G.P.A. or higher** current college/university student entering the program (New HED Student)
  - iii. **2.50 Semester G.P.A. or higher with 12 credit hours** (Reapplying HED student) awarded previous semester
  - iv. **3.0 Semester G.P.A. or higher** for students working on a **Master's Degree or PhD** (New/Reapplying student)
13. **The following types of classes will not be accepted as part of a full-time course load;** Audit, Repeats, Workshops or Continuing Education Units (CEU) credit classes.
14. The HED Program shall place a recipient on **Academic Probationary** if the student repeated courses within the minimum twelve (12) credit hours from previous academic terms/or did not complete 12 new credit hours during the awarded semester or if the student did not earn a 2.5 or better G.P.A. while receiving financial assistance from HED program
15. The Higher Education Program shall **Suspend** a student that was on a Probationary Award the following semester if they did not meet academic requirements set forth while receiving financial assistance from the HED program.
16. Submit a signed disclosure statement "Student Consent Release" specifying the individual(s) to receive this information.
  - a. The Higher Education Program will not release any information, verbally or written to any third-party individual or agencies, parents, spouse, elected officials, etc.
17. Online students will only be eligible for tuition and textbook cost as a Need for a given semester or academic school year.
18. A recipient shall utilize the awarded funds specifically for educational expenses. Other uses shall warrant automatic suspension and repayment of funds.
19. Although Deadline dates are posted, All Completed Applications are reviewed on a first-come, first-served basis.
  - a. All applicants are responsible for following up on their application status with the Higher Education Program.
20. Understanding my rights and responsibilities regarding financial assistance, including being informed of the Higher Education Policies. I must read and review the Higher Education Program Policy for additional details of the program.
21. Immediately report any **CHANGES** in Enrollment, Withdrawals, and Transfers to the Higher Education Program.
22. Notify the Higher Education Program of your **GRADUATION Date** and **submit a copy of your degree and Official Transcript.**
23. **All Applicants must be officially and fully accepted to a Post-Secondary institution accredited by one of the six national accrediting associations as recognized, approved, and adopted by the SCAT Education Committee:**

|   |   |
|---|---|
| MSA – Middle State Association of College and Schools | NCA – Northern Central Association of College and Schools |
| SACS – Southern Association of College and Schools    | NEASC – New England Association of College and Schools    |
| NASC – Northwest Association of College and Schools   | WASC – Western Association of College and Schools         |
24. Consider all available scholarships to you; such as Federal, State, Institutional Aid, and Private, Merit Sources separate from SCAT Higher Education Program Award.
25. Contact Indian Health Services/San Carlos Healthcare Cooperation for Medical Coverage Information (928) 475-1400.

I hereby certify that the information on this application and all the required documents that are submitted on my behalf are true and complete. I understand fully that any falsification or misrepresentation including Failure to Submit the required documents by deadline dates is sufficient for the denial of the Tribal Grant Award.

**If and when, this application is approved I accept and agree to abide by and comply with the San Carlos Apache Tribe, Higher Education Program Policy and Procedures.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Part 6. 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 |
| Individual's Name | Relationship to Applicant | Information to be released |
| Individual's Name | Relationship to Applicant | Information to be released |

**Applicants Authorized Signature**

**Date**

I, \_\_\_\_\_ give consent for the information below to be release to the SCAT Education Dept.  
Student Signature: \_\_\_\_\_ FORM MUST BE COMPLETED BY FINANCIAL AID OFFICE

**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 #: \_\_\_\_\_