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 Tribe Member,

The Higher Education serves eligible San Carlos Apache Tribal Members and provides them the opportunity to complete their educational goals beyond high school. Grants are made available for students who are enrolled members of the SCAT and are accepted for enrollment to an accredited college or university and who have established financial need.

Good luck with your studies,

Executive Director Flora Talas

Jaymie Swift-Hooke

Higher Education Program Manager

jaymie.swifthooke@scat-nsn.gov

Deadline Dates:

June 1

Fall Semester

November 1

Spring Semester

Higher Education Check List: **Are you a…**

First Time Applicant – First time applying to the Higher Education Program or denied and reapplying again.
Lapsed Applicant – An applicant who was a part of the Higher Education Program but dropped or left the program 3 or more years ago.

- ☐   1. Tribal Higher Education Program Application/ Policy Agreement
- ☐   2. Current Certificate of Indian Blood – **Copy Not Accepted**
- ☐   3. Official High School Transcripts/GED Certificate with Scores
    - o   Official College/University Transcripts (If applicable)
- ☐   4. Free Application for Federal Student Aid – Copy of Student Aid Report, obtained from **fafsa.ed.gov**
- ☐   5. Admission Letter of Acceptance
- ☐   6. Class Schedule
- ☐   7. Education Course Plan
- ☐   8. Higher Education Financial Needs Analysis (FNA) (This form is submitted by the student to their College/University Financial Aid Office to complete.)
- ☐   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 Student Aid Report
- ☐   4. Class Schedule
- ☐   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

Important Announcement

As a Post-Secondary Student: You are responsible to ensure that **all required documents** are **submitted, completed and on file** with the Higher Education Program.

Any misrepresentation or falsification, including **failure to submit required documents** as listed on Check List is cause for cancellation/denial of San Carlos Apache Tribal Higher Education Program Award.

All completed applications are reviewed on first come, first served basis.

It is the applicant's responsibility to follow up on their application and documents submitted to SCAT Higher Education Program.

It is not the responsibility of the Higher Education Program to submit FNA on the applicant's behalf or follow up with them, nor are they required to notify student of their pending documents.

Applicant Information

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:_____

Contact Information

First Name:_____   Last Name:_____   SSN:_____

Phone:_____   Cell:_____   District:_____

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

Mailing Address while at College/University:_____
(If Different than above)   *(P.O. Box/Apt. # Street, City, State, Zip)*

Email Address:_____   Student's School Email Address:_____

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)

College Information & Goals

Name of College/University you are attending:_____

College/University's Mailing Address:_____

Year in College/University: ☐ Freshmen   ☐ Sophomore   ☐ Junior   ☐ Senior

Degree Goal: ☐ Associate Degree   ☐ Bachelor's Degree   ☐ Master's Degree   ☐ PhD/Doctorate's Degree

Proposed Major:_____   **Minor:**_____   **Graduation Date:**_____

Housing arrangements while attending school:

☐ Dormitory   ☐ Apartment Rental   ☐ Home Owner   ☐ With Parents   ☐ Other:_____

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 of Graduation:_____

Name of High School:_____

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

STUDENT RESPONSIBILITY

As a Post-Secondary student, <u>YOU ARE RESPONSIBLE</u> for ensuring that all required documentation is on file and complete with the 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.

As a College/University student, I shall adhere to the guidelines listed below:
1. Submit a Higher Education Application by June 1st of each academic year and November 1ST for the Winter/Spring semester.
2. Documents must be postmarked by the deadline date.
    a. Documents submitted after the deadline date will be considered late and will result in Denial of the application.
3. All **first-time/lapsed** applicants must submit their Office High School transcript or G.E.D. Certificate and Test Scores.
4. Submit an official Certification of Indian Blood from the San Carlos Apache Tribe Enrollment Office on a yearly basis.
5. Submit an Official Transcript before June 1st for Fall Semester and November 1st for the Spring Semester.
    a. High School Transcripts (First Time Applicant)
    b. Official College/University Transcripts (Lapsed or Reapplying Applicant)
6. Complete an Application for a Free Application for Federal Student Aid Report – Student Aid Report
7. Submit a Letter of Admissions/Acceptance or Verification of Enrollment from an Accredited College/University.
8. Submit Financial Needs Analysis to your college/university Financial Aid Office
    a. Submit in a timely manner to college/university Financial Aid Officer
    b. Follow up with FNA with the Financial Aid Officer
9. Submit a copy of Current Class Schedule
10. Submit a copy of the Degree Plan I will be following
11. 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)
12. Comply with the following academic standards **prior to receiving** funding:
    i. Student shall maintain a Cumulative Grade Point Average of a **2.50 or higher** with twelve (12) or more credit hours or an equivalent amount of quarter or trimester credit hours. Graduated **High School Senior 2.0 G.P.A.** required. Students working **a Master's Degree or PhD** are required to have a **3.0 G.P.A.**
    ii. Students shall **IMMEDIATELY** submit an <u>official transcript</u> upon completion of each academic semester/quarter.
13. The Higher Education Program shall place the recipient on a **Probationary Award** status if the recipient did not earn enough credit hours according to applicable academic standards during the last academic term and complete the term with a grade point average between a 0.00-2.49.
14. 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.
15. The Higher Education Program shall place a recipient on a **Probationary Award** status if the recipient repeated courses within the minimum twelve (12) credit hours from previous academic terms while receiving financial assistance.
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. A recipient shall utilize the awarded funds specifically for educational expenses. Other uses shall warrant automatic suspension and repayment of funds.
18. 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.
19. Be RESPONSIBLE for understanding my rights and accountabilities regarding financial assistance, including being informed of the Higher Education Policies herein. Must read the Higher Education Program Policy.
20. Immediately report any **CHANGES** in Enrollment, Withdrawals, and Transfers to the Higher Education Program.
21. Notify the Higher Education Program of your GRADUATION Date and submit a copy of your degree and Official Transcript.
22. **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
23. Consider all available scholarships; such as Federal, State, Intuitional Aid, and Private Sources separate from SCAT Higher Education Program Award.
24. Contact Indian Health Services for Medical Coverage Information (928) 475-2371

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:** _____

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:_____

Phone:_____ Cell:_____ ID:_____

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

School Year: _____ to _____   ==DEADLINE DATES: FALL –JUNE 1st==   ==SPRING-NOVEMEBER 1st==

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		B. Resources		C. Awards	
Tuition/Lab Fee	$	Student Contribution	$	Pell	$
Books/Supplies	$	Parent Contribution	$	SEOG	$
Room & Board	$	Veteran's Benefits	$	SSIG	$
		Other:	$	UnSub. Loan	$
Personal Needs	$			Sub. Loan	$
Transportation	$			Tuition Grant	$
Loan Fee	$			Work Study	$
				Other:	$
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: _____

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
highereducation@scat-nsn.gov

OFFICIAL USE ONLY:

			Action:	Approved:		Denied:		Remarks:
___	First Time Applicant							
___	Lapsed Applicant			Fall:	_____		[ ] Suspended	_____
___	Reapplying Applicant			Winter:	_____		[ ] No Need	_____
___	Reapplying Trans. Applicant			Spring :	_____		[ ] Default Status	_____
___	Probation			Summer:	_____		[ ] In complete file	_____
___	Suspended			Award Amount:	_____			

Completed By: _____ Date: _____   Reviewed By: _____ Date: _____

Education Assistance: $ _____   Fall/Winter $: _____   Spg/Sum. Total: $ _____   Approved: _____