



# Higher Education Scholarship Application

www.saltriversschools.org

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Physical address : 4836 N. Center St. Scottsdale, AZ 85256

Mailing Address : 10,005 E. Osborn Rd. Scottsdale, AZ 85256

PLEASE BE SURE TO ANSWER ALL QUESTIONS ON THE APPLICATION COMPLETELY AND ATTACH ANY DOCUMENTS TO THIS APPLICATION. PLEASE MARK "N/A" IN EACH SECTION IF IT DOES NOT APPLY TO YOU. IF YOU DO NOT ANSWER ALL QUESTIONS, YOUR APPLICATION FORM WILL BE INCOMPLETE AND CANNOT BE REVIEWED. YOUR ARE REQUIRED TO SUMIT YOUR APPLICATION AND REQUIRED DOCUMENTS BY THE DEADLINE DATE. PLEASE COMPLETE APPLICATION IN BLACK/BLUE INK.

## College / University Application Deadlines:

Fall Semester: **June30**

Spring Semester: **November 30**

Summer Semester: **April 30**

## Vocational School Application Deadlines:

**July 31**

**October 31**

**January 31**

**April 30**

Applying for: (check all that applies)

Tuition\_\_\_\_\_

Books\_\_\_\_\_

Credit Hour\_\_\_\_\_

Please check one:

\_\_\_\_\_ New Applicant

\_\_\_\_\_ Applied Before (Never received SRP-MIC Educational Funding before)

\_\_\_\_\_ Continuing Student (Currently in program, currently receiving scholarship funding)

\_\_\_\_\_ Returning Student (Reapplying to program, previously received scholarship funding)

## PERSONAL INFORMATION

First Name:

M.INITIAL:

LAST NAME:

ADDRESS:

CITY:

STATE, ZIP :

DOB:

HOME PHONE :

CELL PHONE:

EMAIL:

TRIBAL ENROLLEMENT NUMBER:

SOCIAL SECURITY:

GENDER: FEMALE \_\_\_\_\_ MALE \_\_\_\_\_

## SCHOOL INFORMATION

ACADEMIC: FALL \_\_\_\_ WINTER \_\_\_\_ SPRING \_\_\_\_ SUMMER \_\_\_\_

VOCATIONAL: JANUARY \_\_\_\_ APRIL \_\_\_\_ JULY \_\_\_\_ OCTOBER \_\_\_\_

NAME OF SCHOOL:

PART TIME \_\_\_\_\_

FULL TIME \_\_\_\_\_

EXPECTED STATE DATE:

EXPECTED END DATE:

MAJOR :

DEGREE SOUGHT:

## EDUCATION HISTORY

HIGH SCHOOL NAME:

DATE OF GRADUATION :

IF YOU DID NOT COMPLETE HIGH SCHOOL, BUT RECEIVED A GED DIPLOMA, ENTER THE DATE :

## EDUCATION HISTORY cont.

LIST ALL POST SECONDARY SCHOOLS (COLLEGE, UNIVERSITY, OR VOCATIONAL SCHOOL) YOU HAVE ATTENDED BELOW

NAME OF SCHOOL :

DEGREE COMPLETED? YES: \_\_\_\_ NO: \_\_\_\_

TERM/YEAR ATTENDED:

HAVE YOU RECEIVED A SRPMIC EDUCATIONAL ASSISTANCE BEFORE:? YES \_\_\_\_ NO \_\_\_\_

IF YES, PLEASE LIST MOST RECENT ACADEMIC TERM AND YEAR : (EXAMPLE : SPRING 2017)

TERM:

YEAR:

## INFORMATION RELEASE TO THE SALT RIVER TRIBAL NEWSPAPER / NEWSLETTER

I CONSENT TO HAVE MY NAME OR MY CHILD'S NAME PLACED IN THE SALT RIVER TRIBAL NEW PAPER / NEWS LETTER FOR ANY EDUCATION

ACCOMPLISHMENTS ACHIEVED (PLEASE CHECK) YES \_\_\_\_ NO \_\_\_\_

X \_\_\_\_\_

STUDENT SIGNATURE

\_\_\_\_\_

DATE

X \_\_\_\_\_

PARENT / LEGAL GUARDIAN'S SIGNATURE (IF UNDER 18 YRS OF AGE)

\_\_\_\_\_

DATE

## STUDENT CONTRACT (READ CAREFULLY BEFORE SIGNING)

This contract is made and entered into for the \_\_\_\_\_ academic school year. This is a legally binding agreement that stipulates the obligations of the applicant. The applicant, and /or parent or legal guardian must sign this agreement, if applicant is under 18 years of age, before any amount of SRPMIC financial assistance can be granted.

ALL APPLICANTS MUST

PLEASE INITIAL EACH ITEM:

- \_\_\_\_ 1. Be an enrolled member of the Salt River Pima-Maricopa Indian Community and provide an SRPMIC Identification card
- \_\_\_\_ 2. Complete and submit a Salt River Higher Education Program application each academic year, and summer term for  
Which the educational financial assistance is being requested. All information shall be true and complete to best of your knowledge; **knowingly produced false statement(s) or omissions of relevant information will be a cause for immediate denial of SRPMIC financial assistance.**
- \_\_\_\_ 3. or submit proof of high school diploma, GED, or diploma for graduation with an associate degree or higher (or proof of Associate, bachelor, professional degree (i.e. Master's, Juris Doctorate degree need not show proof)
- \_\_\_\_ 4. All student applying for Scholarship funding are now required to complete the Free Application for Federal Student Aid (FAFSA) at <https://fafsa.ed.gov/> & submit their Student Aid Report (SAR) to the Salt River Higher Education office.
- \_\_\_\_ 5. If applicable submit official transcripts from all accredited colleges, universities or vocational schools previously Attended and
- \_\_\_\_ 6. Submit all required document (s) required to complete the application process. See application checklist
- \_\_\_\_ 7. Have a responsibility to be familiar with their obligations and the requirements of the SRPMIC-Higher Education Program, as outlined in Article 11. Higher Education Policy.
- \_\_\_\_ 8. Who are either full-time or part-time undergraduate college or vocational students must maintain a cumulative GPA Of 2.0 to remain eligible for SRPMIC educational financial assistance; or show successful progress where grades are not applicable.
- \_\_\_\_ 9. Who are graduate students shall maintain a cumulative G.P.A. of 3.0
- \_\_\_\_ 10. Who withdraws / drops from any class (es) will find their future educational assistance reduced according to the Procedures and calculations outlined in Article 11. Higher Education Policy.

- \_\_\_\_ 11. who are not maintaining the minimum academic requirements shall be placed on probation for one semester or term, The student will have the opportunity to bring his / her academic standing up to the minimum standards of 2.0 G.P.A. according to the specific Higher Education program, he/she was awarded. If the student does not meet the minimum academic standards during the probationary period, then he/she will be placed on provisional suspension or suspension.
- \_\_\_\_ 12. Are to immediately report, in writing, withdrawal from the school or college they are attending or any changes in Their major field of student that will cause a delay in the completion date. In addition, changes in personal situations such as any name changes must also be immediately reported in writing to the Higher Education program staff. Purposefully withholding any if this information is grounds for automatic suspension form the program and/or repayment of the educational assistance for that term;
- \_\_\_\_ 13. Must immediately submit a letter and supporting documents to the Higher Education Program staff if they find Themselves in adverse circumstances beyond their control that is causing them to fall below the required, minimum scholarship program standards;
- \_\_\_\_ 14. All academic and vocational student have the responsibility to submit an official transcript and an updated academic Plan of study by the end of each completed term on their behalf to the Higher Education Program office; (class schedule)
- \_\_\_\_ 15. Must attend the institution as stated in the application and award letter. There will be no transfer of SRPMIC Higher Education Program funds to another institution within the same academic term;
- \_\_\_\_ 16. Must know that any funds remaining undistributed from the SRPMIC Higher Education Program award will remain the Property of the program;
- \_\_\_\_ 17. Are responsible for Federal income tax liability for their educational assistance award;
- \_\_\_\_ 18. Will utilize community gaming per capita payments as a source of repayment if the student is not able or not willing to Repay any scholarship fund owed as outlined in the Salt River Higher Education Program Policy.
- \_\_\_\_ 19. Understand that it is my responsibility to submit all required documents by the stated deadline, in order to receive the Credit hour payment.
- \_\_\_\_ 20. Understand that if I attend most AZ academic institutions, the credit hour payments will be distributed in two Disbursements during the semester for which I am enrolled and on the following dated only (unless the date falls on a weekend, in which the payment will be available the next business day) **January 30th (Fall/Spring), June 30th (Spring/ Summer), August 30th (Summer/Fall)**
- \_\_\_\_ 21. Understand that an application is not considered complete unless all required materials in addition to the application Have been submitted by the deadline.
- \_\_\_\_ 22. Understand that I am required to disclose any tuition funding received in addition to what is provided by SRPMIC Higher Education Program.

I have read the above requirements and understand my obligations to the Salt River Pima Maricopa Indian Community Higher Education Program. I hereby certify that the information I have given is true and complete to the best of my knowledge. Any deliberate submission of false information or omission of relevant information will be grounds for immediate suspension form the Higher Education Program for a period of two (2) years. I will be obligated to reimburse to the SRPMIC Higher Education Program any monies that I received by submitting a false application. I understand that in the event I believe that Higher Education Program office has not followed policy or has been unfair to me in the administration of the Higher Education Program, I may submit a letter to the SRPMIC Superintendent/ Director to appeal the decision of the Higher Education Program Office within 10 days after I have been notified, in writing, of the decision according to Article 11 Higher Education Policy. I also acknowledge that I understand that a copy of Article 11 Higher Education Policy is available online via the following link **www.srpmic-ed.org**. I understand I am responsible for reading its contents and adhering to the scholarship Program's policy.

X \_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

X \_\_\_\_\_  
PARENT/ LEGAL GUARDIAN'S SIGNATURE  
(IF UNDER 18 YRS OF AGE)

\_\_\_\_\_  
DATE