



Hopi Tribe Grants and Scholarship Program Educational Enrichment Award Application

The Educational Enrichment Award application is available to eligible Hopi students to participate in special activities that offer educational opportunities such as: Math camps, Leadership camps (AISES), Pre-college orientation, Cultural experiential opportunities, and Tuition/Books. Awards shall be used to develop leadership, personal skills, or to acquire educational or pre-occupational experiences. The Educational Enrichment Award is to *ASSIST* with the necessary expenses for Hopi student participation in an activity or event and is **NOT MEANT TO ASSUME ALL COSTS**. This award is available on a *limited* basis.

- ◆ Applications are accepted year round. **NOTE: Fax copies of any part of the application will not be accepted.**
- ◆ Complete application must be received at least thirty (30) days prior to the date of the event or activity.
- ◆ No file will be reviewed until the application is complete and all supporting documents are received.
- ◆ This award is open to Hopi students Fifth Grade through Post-secondary.
- ◆ Awards are limited to one award per student per fiscal year (January - December).
- ◆ There are two categories of awards: academic related activities and activities not academic related such as basketball camps, running camps, etc.
- ◆ *The maximum award amount is 75% of the total budget up to \$500.00 maximum per student. Applicants and Parents of children under 18 must agree to provide 25% of the total budget.*
- ◆ Awards are made directly to the applicant.
- ◆ Applications for reimbursements for activities already completed will not be accepted.

Eligibility Criteria:

- ◆ Applicant must be an enrolled member of the Hopi Tribe.
- ◆ Applicant must have a social security number.
- ◆ Applicants under 18 years of age must provide parental consent for the activity for which assistance is requested. Adequate adult supervision must be demonstrated.
- ◆ Applicant must submit a **completed** application, which includes the following:

→Application Information:

- Names and addresses of participant and parents.
- Name and address of Sponsoring Organization
- Date of Activity
- Purpose for which assistance is requested and Expected benefits from participation.
- Total expenses/Expected Contributions (breakdown of expenses to be incurred and amounts of other financial support).
- Total amount requested.
- Signed application (including signature of the parent or legal guardian for applicants less than 18 years of age).

→Verification of Hopi Enrollment

→Supporting documentation from the sponsoring organization (handouts, brochures, letters, etc.)

Obligation of Recipient:

Recipients of the Educational Enrichment Award must submit a one page double spaced written essay of 500 words to the Hopi Tribe Grants and Scholarship Program ***no later than 30 days*** after the event or activity for which an award was made. The essay shall describe the value or benefit of the activity for the recipient.

- ◆ Failure to submit this report shall render the recipient ineligible for future Educational Enrichment awards.
- ◆ Failure to complete expense section of application will result in incomplete file and will not be considered

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<u>Total Expenses</u>		<u>Expected Contributions</u>	
Tuition/Fees	\$ _____	Student Contribution*	\$ _____
Books/Supplies	\$ _____	Parent/Family Contribution*	\$ _____
Room/Board	\$ _____	Sponsoring Institution**	\$ _____
Transportation	\$ _____	Other (Scholarships, Donations)	\$ _____
Personal Expenses	\$ _____	_____	\$ _____
Other (List)	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
(A) TOTAL EXPENSES \$ _____		(B) TOTAL RESOURCES \$ _____	

AMOUNT REQUESTED \$ _____
(Subtract line B from line A, this is the amount you are requesting)

- * Student and/or their parents are required to make a contribution of no less than 25% of amount requested.
- ** Sponsoring institution means your high school, college, or institution/program who is providing financial assistance to you.

The above information is true and correct to the best of my knowledge. If and when this application is approved, I shall abide by all conditions stipulated in the Hopi Tribe Educational Enrichment Award guidelines and will be bound by all the responsibilities and consequences thereof. I hereby indemnify and keep harmless the Hopi Tribe against any and all loss, costs, damages, claims, expenses or liability whatsoever, due to accident or injury to person or property occurring in connection with the above named activity.

Applicant's Signature

Date

IF UNDER 18 YEARS OF AGE

I give permission for my child to participate in the above named activity. I hereby indemnify and keep harmless the Hopi Tribe against all loss, costs, damages, claims, expenses or liability whatsoever, due to accident or injury to person or property occurring in connection with the above named activity.

Parent/Guardian Signature

Date

Verification of Hopi Indian Blood for Hopi Tribe Grants and Scholarships Program

PART I: MEMBERSHIP INFORMATION (To be completed by student and returned to HTGSP)

Student Name: _____ Other Last Name(s) Used: _____

Place of Birth: _____ Date of Birth: _____

Student Social Security No: _____ Father's Name: _____

Mother's Name: _____ Maiden Name: _____

(To be completed by the Hopi Tribal Enrollment Office)

PART II: VERIFICATION OF TRIBAL BLOOD ENROLLMENT

A. Is _____ blood degree of the Hopi Indian Tribe.

B. a. _____ Hopi Tribal enrollment number _____

b. _____ is not enrolled with the Hopi Indian Tribe.

Is also _____ blood degree of the _____ Tribe/Race.

Is also _____ blood degree of the _____ Tribe/Race.

We can verify that he/she is not enrolled with the _____ Tribe(s) as of _____ (Date)

We are unable to verify non-enrollment with _____ Tribe(s) due to lack of information.

PART III: CERTIFICATION OF INDIAN BLOOD

A. I certify that this individual is _____ degree Indian Blood of a federally recognized tribe defined in 25 CFR Part 40.1.

Director, Office of Enrollment/Hopi Tribe

Date

B. I am unable to certify the blood quantum or enrollment status of this individual due to no records on file with the Enrollment Office/Hopi Tribe.

Director, Office of Enrollment/Hopi Tribe

Date

PRIVACY ACT and REDUCATION ACT STATEMENT

GENERAL: This information is provided pursuant to P.L. 93-579 (Privacy Act of 12/21/74)

AUTHORITY: The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 115, Public Law 67-86, 42 Stat. 208(25U.S.C. 13) and Public Law 95-561.

PURPOSE AND USES: In accordance with the accountability required for the administration of funds appropriated for educational program, certain types of information is required. All records are maintained in strictest confidence and all information contained herein is considered privileged information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals and providing accountability for the educational services offered to individuals.

EFFECTS OF NONDISCLOSURE: Although furnishing personal information to this office is purely voluntary, failure to supply complete and accurate information may preclude beneficiaries from obtaining the educational services.