



Grants & Scholarships Program
P.O. Box 123
Kykotsmovi, AZ 86039
(800) 762-9630 – Toll Free Line
(928) 734-3533 – Direct Line
(928) 734-9575 – Fax Line

FINANCIAL AID APPLICATION Summer Session ONLY

ELIGIBILITY REQUIREMENTS

1. Must be an **enrolled member** of the Hopi Tribe.
2. Be a high school graduate or have earned a GED certificate.
3. Be admitted to a regionally accredited college/university.
4. Must have completed the Free Application for Federal Student Aid (FAFSA) and have applied for all federal, state, and institutional aid.
5. Meet the minimum **Cumulative Grade Point Average** (CGPA) of 2.50 (HEA) or 2.00 (BIA Only) for entering freshman.

In addition to the HTGSP application, the following documents are required if you are a:

→ **FIRST TIME APPLICANT:**

1. Official high school transcripts or Official GED scores (**Needs to be submitted only once**)
2. Official transcripts from all post secondary schools you have attended and/or are currently attending.
3. Letter of Admission (LOA) or Program of Study (POS)
4. Financial Needs Analysis (FNA)

→ **CONTINUING STUDENT:**

1. Official transcript from the current institute attending
2. Financial Needs Analysis (FNA)

→ **APPLICANT WHO HAS BEEN OUT OF SCHOOL FOR MORE THAN ONE SEMESTER:**

1. Official transcript from all post secondary schools attended after the last term funded under HTGSP
2. Updated Program of Study (POS)
3. Financial Needs Analysis (FNA)

These documents **must** be mailed from the institution to the HTGSP. **ALL** transcripts must bear the official seal and be submitted in a Sealed envelope.

DEADLINE DATES

Summer Session – May 1

ALL DOCUMENTS MUST BE RECEIVED OR POSTMARKED BY THE DEADLINE DATE IN ORDER FOR APPLICATION TO BE REVIEWED. REVIEW IS DONE ON A FIRST COME, FIRST SERVE BASIS. Faxed or photocopied documents shall not be accepted with the exception of the Financial Needs Analysis (FNA), which must be mailed within ten (10) workings days of faxed date.

CONDITIONS FOR RECIPIENT:

- A. The recipient is responsible for submitting to the HTGSP a new application for each academic year and a separate application for summer.
- B. At the end of **Summer session** students must submit official transcripts with all Summer Session grades posted. **Official Transcripts not received by the end of Summer will be subject to automatic suspension per HTGSP Policies and Procedures.**
- C. Keep the HTGSP informed of student status, i.e. change of mailing address, name change, phone number, intention to withdraw or transfer etc.
- D. Recipients must complete the number of credit hours funded for each Summer Session., **no repeat classes will be allowed as part your summer session funding.**
- E. Recipients shall maintain a Cumulative Grade Point Average (CGPA) based upon all post secondary course work to be considered for funding:
- F. All Awards:
 - Undergraduates - 2.50 CGPA (HEA Award Only)
 - Graduate Students, Post Graduates, and Professional Students must be in good academic standing as defined by the institution they are attending
- G. Probation/Suspension: Recipients failing to maintain the appropriate CGPA and/or course load will be subject to automatic probation or suspension. If during the semester the student is placed on probation and their deficiencies are not met, the student will be automatically suspended. Students placed on probation may be subject to additional requirements. While on suspension, the student will need to attend school on their own until the deficiencies are met.
- H The recipient shall attend the institution specified in the award letter. However, if a special circumstance exists where a student is required to enroll in more than one regionally accredited institution (CONSORTIUM AGREEMENT), this may be allowed with prior approval from the HTGSP Program Administrator. Transfer of funds between institutions is not allowed unless prior approval is obtained from the HTGSP Program Administrator.
- I. The recipient shall be responsible for meeting other conditions imposed upon them by the HTGSP.
- J. Funds are to be used specifically for educational expenses. Other use shall warrant an automatic suspension.
- K The following type of classes will not be accepted as part of a full-time course load: Audit, Repeats, Workshops, or Continuing Education Unit (CEU) credit classes.
- L. The recipient agrees to have their name, school, degree being pursued, and graduation announcement released in any press releases by the HTGSP and released to their college/university Student Support Service Programs.
- M. The applicant's file is the property of the HTGSP. In order for the HTGSP to disclose information regarding the applicant's status or award, the applicant must submit a signed Release of Information form specifying the individuals to receive information.

I hereby certify that the information on this application is true and correct to the best of my knowledge. I will accept and abide by all conditions in the aforementioned and the HTGSP Policy and Procedures Manual. Furthermore, I give permission to the HTGSP to request and receive any information on my financial aid status and academic progress.

Signature of Applicant: _____

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: _____ Mother's 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.

