



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

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### 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.

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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.

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### 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 67-98, 42 Stat. 209(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.

The Hopi Tribe  
Financial Needs Analysis  
**SUMMER SESSION ONLY**

The Hopi Tribe Grants and Scholarship Program  
P.O. Box 123  
Kykotsmovi, Arizona 86039  
(928) 734-3533 or (800) 762-9630  
FAX # (928) 734-9575

Summer Session Only **Deadline Date:**  
May 1

**Part I - TO BE COMPLETED BY THE STUDENT**  
Send this form to your college or university financial aid office for completion.

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip Code

Institution to be attended: \_\_\_\_\_  
Name City/State

Funding request for:  
SS I 20 \_\_\_\_\_ SS II 20 \_\_\_\_\_ 10 Week SS 20 \_\_\_\_\_  
FT( ) PT( ) FT( ) PT( ) FT( ) PT( )

I hereby give permission to the Hopi Tribe Grants and Scholarship Program to request and receive any information on my financial aid status and academic progress. I understand that I must apply for all federal, state and institutional aid before being considered for HTGSP aid. I also understand that I am responsible for seeing that this form reaches the HTGSP by the deadline date.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**PART II - TO BE COMPLETED BY THE FINANCIAL AID OFFICER**  
Return to the Hopi Tribe Grants and Scholarship Program. Initial any corrections. Estimates are not acceptable.

Approved Student Budget	( ) Dependent	( ) Independent	
Cost of Attendance based on:	_____ credit hours	Resources:	
Tuition and Fees	\$ _____	Student Contribution	\$ _____
Books and Supplies	\$ _____	Parent Contribution	\$ _____
Room and Board	\$ _____	Spouse's Contribution	\$ _____
Personal Expenses	\$ _____	Veteran's Benefits	\$ _____
Transportation	\$ _____	Social Security	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Total Expenses:	\$ _____	Total Resources:	\$ _____

We have made the following awards:

	Applied For		Awarded		Amount:
Pell Grant	Yes( )	No( )	Yes( )	No( )	\$ _____
S.E.O.G.	Yes( )	No( )	Yes( )	No( )	\$ _____
Work Study	Yes( )	No( )	Yes( )	No( )	\$ _____
Loans:	Yes( )	No( )	Yes( )	No( )	\$ _____
Tuition Grant	Yes( )	No( )	Yes( )	No( )	\$ _____
Other:	Yes( )	No( )	Yes( )	No( )	\$ _____
Other: _____	Yes( )	No( )	Yes( )	No( )	\$ _____

Total Awards: \$ \_\_\_\_\_

Unmet Need (cost of attendance - [resources+awards]): \$ \_\_\_\_\_

I recommend the student: ( ) receive ( ) not receive SS I \$ \_\_\_\_\_ SS II \$ \_\_\_\_\_ 10 Week SS \$ \_\_\_\_\_

This applicant ( ) is ( ) is not academically eligible for financial aid under the rules of this university/college (if student is ineligible for financial aid, please explain why).

Financial Aid Officer Signature \_\_\_\_\_ Institution \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Officer Name (Please Print) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_