



**Ysleta Del Sur Pueblo
Department of
Economic Development**

**Higher Education
Program**

For Internal Use Only	
Student Code	
Institution	ED2Go
Total Award	
Funding Source	WIOA
Officer Approval	

Student Name: _____

Semester/Year: _____

HIGHER EDUCATION PROGRAM DEADLINES:

Fall Semester July 1st
Spring Semester November 1st
Summer Semester April 1st

REQUIREMENTS:		√
1. APPLICATION - Grant application for requesting financial assistance.		
2. CLASS SCHEDULE & FEE STATEMENT - Statement reflecting classes and fee assessment.		
3. (3) LETTERS OF RECOMMENDATION - Letter in which the writer assesses the qualities, characteristics, and capabilities of the person being recommended for funding eligibility. Initial Applicant		
4. TRIBAL ENROLLMENT VERIFICATION - Updated Enrollment Identification Card or a Tribal Descendant Verification Form certifying you are a member of Ysleta del Sur Pueblo. Initial Applicant		



**DEPARTMENT OF ECONOMIC DEVELOPMENT
ACKNOWLEDGEMENT FORM**

I, _____, acknowledge that _____
Student's Name Economic Development Staff Title
has explained and issued me a copy of the Ysleta del Sur Pueblo Administration and
Operation Guidelines.

I have read and will adhere to all requirements of the Program as stated in the
Administration and Operation Guidelines.

I have read the sections regarding policy on withdrawals including refunding tuition to
the program and Probation and Suspension from scholarship eligibility. _____
Initials

In the case of any changes, I understand the Department of Economic Development will
notify and provide me with a copy of such changes.

Student Signature

Date



**DEPARTMENT OF ECONOMIC DEVELOPMENT
GRANT APPLICATION**

Name: _____ Last 4 SS#: _____

First

Last

Permanent Address: _____

Number & Street

City/State/Zip Code

Mailing Address:

Number & Street

City/State/Zip Code

Date of Birth: ____/____/____ Student Identification Number: _____

Home Phone: (____) _____ Cell Phone: (____) _____

E-mail Address: _____ Census Number: _____

EDUCATION DATA

High School Attended: _____ Graduation Date or GED Certificate: _____

University or College Attending: ED2Go

Course Pursuing: _____ Certification: Yes / No

Anticipated Graduation Date: _____

I agree to attend ED2Go and to work towards completing a degree or certification. If I withdraw from any course, I agree to notify the Ysleta del Sur Pueblo Department of Economic Development and refund any money that has been awarded to me. Furthermore, I understand that it is important to meet all higher education program deadline dates in order to be considered for financial assistance.

Student's Signature _____ Date _____



DEPARTMENT OF ECONOMIC DEVELOPMENT PRIVACY STATEMENT

The Privacy Act of 1974 requires each federal agency that maintains a system of information on individuals to inform those individuals as to:

- A) The authority (whether granted by statute or by executive order of the president) which authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary;
- B) The principle purpose or purposes for which the information is intended to be used;
- C) The routine uses which may be made of the information, as pursuant to paragraph (4) (D) of this subsection and of the requested information.

The Bureau of Indian Affairs Higher Education Program operates under the general authority of 24 USC Chapter 13, 42 STAT. 208 P.L. 67-85 with specific legislation contained in 25 USC, Subchapter E, Part 32, Administration of Education Loans, Grants and Other Assistance for Higher Education.

In accordance with the accountability required for the administration of the funds appropriated for the program and in order to provide services to recipients and to declare eligibility, certain information is required of the applicants. This form solicits the required information. Use of personal data will be available to authorized sources upon request. The applicant should understand that the intent of collecting and maintaining is for producing certain statistical records required of this office. Failure on part of the applicant to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program.

I have read the "Privacy Statement" above included within the application form. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in this statement.

Student Signature

Date