



Ysleta del Sur Pueblo Graduate/Doctoral Program

| For Internal Use Only: | |
|------------------------|----------------------|
| Student Code: | _____ |
| Institution: | _____ |
| Credit Hours: | _____ FT / PT / LPT |
| Semester GPA: | _____ |
| Cumulative GPA: | _____ |
| Award: | _____ |
| Book Stipend: | _____ |
| Total Award: | _____ |
| Funding Source: | _____ SF / GF / WIOA |

Student Name: _____ Semester/Year: _____

GRADUATE/DOCTORAL PROGRAM DEADLINES:

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

| REQUIREMENTS: | | √ |
|---|--|---|
| 1. APPLICATION - Grant application for requesting financial assistance. | | |
| 2. CLASS SCHEDULE & FEE STATEMENT - Statement reflecting classes and fee assessment. | | |
| 3. LAST OFFICIAL TRANSCRIPT - Official college transcript. Students must submit a copy of their most current educational record transcript. | | |
| 4. LETTER OF ACCEPTANCE - Letter from your institution stating your acceptance and eligibility to enroll. <div style="text-align: right;">Initial Applicant Only</div> | | |
| 5. COPY OF BACHELOR/MASTER DEGREE - Copy of degree obtained. <div style="text-align: right;">Initial Applicant Only</div> | | |
| 6. TRIBAL ENROLLMENT VERIFICATION - Updated Enrollment Identification Card or a Tribal Descendant Verification Form certifying you are a member of Ysleta del Sur Pueblo. <div style="text-align: right;">Initial Applicant Only</div> | | |
| 7. SIGNED DEGREE PLAN - Copy of current degree plan signed by advisor/counselor for current institution. <div style="text-align: right;">Initial Applicant Only</div> | | |



ACKNOWLEDGMENT

I, _____ acknowledge that _____
Student's Name Name Title
has explained and issued me a copy of the Ysleta del Sur Pueblo Graduate/Doctoral
Program Administration and Operation Guidelines.

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

In the case of any changes, I understand the Department of Tribal Empowerment will
notify and provide a copy of such changes.

Student's Signature

Date



DEPARTMENT OF Tribal Empowerment

GRANT APPLICATION

Name _____
First Middle Last

Current Mailing Address _____
Number & Street City/State/Zip Code

Permanent Home Address _____
Number & Street City/State/Zip Code

Telephone Number _____ Alternative Telephone Number _____

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

E-mail Address _____

BACHELORS DEGREE

| | |
|--------------------------------|---------------------|
| University and Graduation Date | |
| Type of Degree | Grade Point Average |
| Field of Study | |

MASTERS DEGREE

| | |
|---|-----------------------------|
| University and Expected Graduation Date | |
| Type of Degree Pursuing | Current Grade Point Average |
| Field of Study | |

Published articles (i.e. Thesis, Dissertation):

Professional Experience (Please list only the most current):

Job Title: _____

Agency: _____ Worked from: _____ to _____

Describe your duties:



DEPARTMENT OF
Tribal Empowerment
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" enclosed with 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's Signature

Date