



DEPARTMENT OF Tribal Empowerment

Graduate/Doctoral Application Higher Education Scholarship Application

ANNUAL DEADLINES:

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

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

APPLICATION YEAR	
Student Name: _____	
Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	YEAR: 20_____
REQUIREMENTS:	<input checked="" type="checkbox"/>
1. APPLICATION - Scholarship application for requesting financial assistance.	
2. TRANSCRIPT - Official/unofficial college transcript. (Official college transcript required for initial application)	
3. CLASS SCHEDULE & FEE STATEMENT - Statement reflecting classes and fee assessment.	
4. RESIDENT STATUS - Copy of state ID, and utility bill or notarized letter from landlord/head of household. (All must be within the YDSP Service Area)	
5. SIGNED DEGREE PLAN - Copy of current degree plan signed by advisor/ counselor for current institution.	Initial Application Only
6. LETTER OF ACCEPTANCE - Letter from your institution stating your acceptance and eligibility to enroll.	Initial Application Only
7. COPY OF BACHELOR/MASTER DEGREE - Copy of degree obtained.	Initial Application Only
8. TRIBAL ENROLLMENT VERIFICATION - Updated Enrollment Identification Card certifying you are a member of Ysleta del Sur Pueblo.	Initial Application Only

SCHOLARSHIP APPLICATION

STUDENT INFORMATION				
Last Name:		First Name:		DOB:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F				
YDSP Enrollment #:		Student ID #:	E-mail Address:	
Home Phone #:		Cell Phone #:		
Resident Street Address:		City:	State:	Zip Code:
Mailing Street Address:		City:	State:	Zip Code:
BACHELORS DEGREE				
University Attended:		Graduation Date:		
Type of Degree:		Grade Point Average:		
Field of Study:				
MASTERS/DOCTORAL DEGREE				
University Attending:		Expected Graduation Date:		
Type of Degree Pursuing:		Grade Point Average:		
Field of Study:				
Published Articles (i.e. Thesis, Dissertation):				
PROFESSIONAL EXPERIENCE (List only the most current):				
Job Title:				
Agency:		Worked from:		to
Describe your Duties:				
ACKNOWLEDGEMENT STATEMENT				
<p>I acknowledge that I have read, understand, and agree that I will abide by all program policies and guidelines as outlined in the Ysleta del Sur Pueblo Administration and Operation Guidelines. I have read the sections regarding policy on withdrawals including refunding tuition to the program and possible probation/suspension from future scholarship eligibility. _____ (initial)</p> <p>I agree to attend the institution named in this application and to work towards successfully completing a degree. If I withdraw from any course, I agree to notify the Ysleta del Sur Pueblo Department of Tribal Empowerment and refund any money awarded to me for that course. _____ (initial)</p> <p>Furthermore, I understand that it is important to meet all higher education program deadline dates in order to be considered for current and future financial assistance. _____ (initial)</p> <p>I understand the Department of Tribal Empowerment will notify and provide me with a copy of updated guidelines if any changes were to occur. _____ (initial)</p>				
PRIVACY STATEMENT				
<p>The Privacy Act of 1874 requires each federal agency that maintains a system of information on individuals to inform those individuals as to:</p> <ul style="list-style-type: none"> 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. <p>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.</p> <p>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. _____ (initial)</p>				
Student Signature: _____			Date: _____	

