



DEPARTMENT OF
Tribal Empowerment

**Ysleta Del Sur Pueblo
Higher Education Program Application**

Student Name: _____

Semester/Year: _____

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

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. STUDENT AID REPORT - Official response from the Department of Education after having applied for financial aid assistance.		
3. FINANCIAL NEEDS ANALYSIS FORM - Form filled out by the financial aid officer at institution to determine student's need for an academic period.		
4. TRANSCRIPT/GED CERTIFICATE - General Education Development (GED) certificate or an official/unofficial high school or college transcript.		
5. CLASS SCHEDULE & FEE STATEMENT - Statement reflecting classes and fee assessment.		
6. SIGNED DEGREE PLAN - Copy of current degree plan signed by advisor/counselor for current institution.		
7. LETTER OF ACCEPTANCE - Letter from your institution stating your acceptance and eligibility to enroll. Initial Applicant Only		
8. SAT/ACT SCORES - Scores for either standardized test used for college admissions. Initial Applicant Only		
9. (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 Only		
10. 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 Only		



**DEPARTMENT OF TRIBAL EMPOWERMENT
ACKNOWLEDGEMENT FORM**

I, _____, acknowledge that _____
Student's Name Empowerment 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 Tribal Empowerment will
notify and provide me with a copy of such changes.

Student Signature

Date



DEPARTMENT OF
Tribal Empowerment

11100 Santos Sanchez
Ysleta del Sur Pueblo, Texas 79927
FAX (915) 872-8651

FINANCIAL NEEDS ANALYSIS FORM

Name: _____ Student Identification Number: _____

Permanent address: _____
Number & Street City/State/Zip Code

Telephone Number: (____) _____ Date of Birth: _____

Your state of legal residence: _____ Marital Status: ___ Unmarried (Single, Divorced, Widowed)
___ Married ___ Separated

If you have any dependents other than a spouse, how many will be in each of the following age groups during the term that you are applying for aid:

_____ 0-5 _____ 6-12 _____ 13+

Your college standing at the time of this assistance is to be used:

Freshman _____ Sophomore _____ Junior _____ Senior _____ Graduate _____

Where will you be living during the period for which you have requested financial aid?

On Campus _____ Off Campus _____ With Parents _____ Other _____

Term applying for:

20__ Fall Semester
20__ Spring Semester
20__ Summer I
20__ Summer II

Enrollment Status:

___ Full Time (12 credit hours or more)
___ Part Time (11 credit hours or less)

DEGREE: _____ MAJOR: _____

I hereby give permission to the Financial Aid Office to release any information on my financial aid and academic status to the Ysleta del Sur Pueblo Department of Tribal Empowerment.

Student Signature: _____ Date: _____

**TO BE COMPLETED BY FINANCIAL AID OFFICER AT THE COLLEGE/UNIVERSITY.
PLEASE RETURN COMPLETED FORM TO PROGRAM ADDRESS ABOVE.**

1 [] Student suspended from campus based aid due to failure to maintain satisfactory progress.

This student is considered: Independent ___ Dependent ___ CUM GPA _____ Pell Grant Index _____

Expenses:

Tuition/Fees \$ _____
Room/Board \$ _____
Books/Supplies \$ _____
Transportation \$ _____
Personal \$ _____
Graduate \$ _____
Out of State \$ _____
Dependent Allowance \$ _____

TOTAL EXPENSES \$ _____

Resources:

Personal/Summer \$ _____ Pell \$ _____
Parent Contribution \$ _____ SEOG \$ _____
Spouse Contribution \$ _____ SSIG \$ _____
Veterans Benefits \$ _____ CWS \$ _____
Stafford Student Loan \$ _____ Perkins \$ _____
Other (specify) \$ _____

TOTAL RESOURCES \$ _____

Student need recommended to Tribal Empowerment Department: **Expenses minus Resources** [_____]

Financial Aid requested will cover expenses for the period:

_____ to _____
Month Year Month Year

I certify that the above individual has applied for and been considered for both federal and campus based aid.

Financial Aid Advisor _____ Date _____
Institution _____ Address _____ Telephone Number _____



**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" 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