



2-4 Year College/University 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. 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 the 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. RESIDENT STATUS – Submit one of the following (all must be within the YDSP Service Area): <ul style="list-style-type: none"> • Copy of State ID and utility bill under student’s name • Copy of State ID and notarized letter from landlord/head of household • Copy of State ID, handwritten letter from landlord/head of household, and utility bill from landlord/head of household 	
7. DEGREE PLAN – Copy of current degree plan for current institution.	
8. LETTER OF ACCEPTANCE – Letter from your institution stating your acceptance and eligibility to enroll.	
Initial Application or Transfer Only	
9. SAT/ACT SCORES – Scores for either standardized test used for college admissions.	
Initial Application Only	
10. PERSONAL STATEMENT ESSAY – The personal statement essay is an essay you write to show the Higher Education committee who you are and why you deserve their financial assistance in reaching your higher education goals. This is an important component of this application. As a result, plan to put a significant amount of time and effort into fine-tuning your statement.	
Initial Application Only	
11. TRIBAL ENROLLMENT RECORD – 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:
EDUCATION DATA					
High School Attended:			Graduation Date or GED Certificate:		
Last College/University Attended:					
University/College Attending:				Total Credit Hours Earned:	
Degree Pursuing:			Major:		
Classification:	<input type="checkbox"/> Freshman (0-30 credits)	<input type="checkbox"/> Sophomore (31-60 credits)	<input type="checkbox"/> Junior (61-90 credits)	<input type="checkbox"/> Senior (91-120+)	
Cumulative GPA:			Anticipated Graduation Date:		

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>I understand that I must apply for financial aid at the college/university I plan to attend. _____ (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> <ol style="list-style-type: none"> 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; The principle purpose or purposes for which the information is intended to be used; 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:** _____



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 Ysleta del Sur Pueblo, Texas 79927
 Phone (915) 872-8648
 FAX (915) 872-8651
 Email impact@ydsp-nsn.gov

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.**

I [] 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 \$ _____

Resources:

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

TOTAL EXPENSES \$ _____

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 _____