



Grants & Scholarships Program
P.O. Box 123
Kykotsmovi, AZ 86039
(928) 734-3542 or 800-762-9630
Fax: (928) 734-9575

FINANCIAL AID APPLICATION

Congratulations on your decision to continue your education! The Hopi Tribe Grants and Scholarships Program (HTGSP) provides financial assistance to eligible Hopi/Tewa students who are pursuing a college degree (AAS, AA, BA, BS, Masters or Doctoral, Professional Degrees) at a regionally accredited institution.

To be considered eligible for HTGSP funding you must first apply for ALL Federal, State and institutional financial aid as Hopi Tribal funds are considered as a secondary source of funding.

ELIGIBILITY REQUIREMENTS

1. Must be an **enrolled member** of the Hopi Tribe
2. Must be a high school graduate or have earned a GED Diploma
3. Must be admitted to a regionally accredited college or university
4. Must have completed the **Free Application for Federal Student Aid (FAFSA)** at www.fafsa.ed.gov, and have applied for all federal, state, and institutional aid
5. Meet the minimum **Cumulative Grade Point Average (CGPA)** for the following awards:
 - Bureau of Indian Affairs Higher Education Grant:
 - ▶ All applicants must be full time students
 - ▶ Incoming Freshmen students (0-29 credits) 2.00 CGPA
 - ▶ Sophomore students (30 – 59 credits) 2.25 CGPA
 - ▶ Juniors – Seniors students (60 credits on up) 2.50 CGPA
 - ▶ Graduate/Doctoral/Professional students 3.00 CGPA
 - Hopi Education Award:
 - ▶ All applicants must be full time students
 - ▶ All undergraduate students 2.50 CGPA or higher
 - ▶ Graduate/Doctoral/Professional students a minimum of 3.00 CGPA or be in good academic standing as defined by the institution they are attending
 - Tuition and Book Award:
 - ▶ This award is for part time students or full time students who have no unmet need
 - ▶ All undergraduate students 2.50 CGPA or higher
 - ▶ Graduate/Doctoral/Professional students a minimum of 3.00 CGPA or be in good academic standing as defined by the institution they are attending

DEADLINE DATES

FALL SEMESTER

Priority Deadline: July 1

Final Deadline: August 30

WINTER SEMESTER

Priority Deadline: Oct 1

Final Deadline: November 1

SPRING SEMESTER

Priority Deadline: December 1

Final Deadline: January 15

ALL DOCUMENTS MUST BE RECEIVED BY CLOSE OF BUSINESS (5:00 P.M. MST) ON THE RESPECTIVE SEMESTER DEADLINE DATE IN ORDER FOR AN APPLICATION TO BE COMPLETE. *Faxed documents shall not be accepted with the exception of the Financial Needs Analysis (FNA) Form. The original FNA must be mailed within ten (10) working days of the faxed date. Applications may be scanned and emailed, however the original application must be received within ten (10) calendar days of emailing the application.*



**Hopi Tribe Grants and Scholarships Program
(HTGSP)
Application Check List**

- _____ 1) **Application:** Complete application
- _____ 2) **Verification of Hopi Enrollment Form:** Complete Part 1 ONLY and return with application.
- _____ 3) **Transcript(s):**
- ___ Official High School Transcript or GED Test Scores sent from institution. Final high school transcript must possess date of graduation posted. Transcripts must be in a sealed envelope from the institution to be considered official.
- ___ College transcripts **must** be submitted for **ALL** colleges/universities attended by applicant. Transcripts must be in sealed envelope from the institution to be considered official or e-scripts must be retrieved from HTGSP staff to be considered official. Note: Official transcripts will be required when re-applying to HTGSP.
- _____ 4) **Financial Needs Analysis Form:**
- ___ **ALL** students **must** complete the Free Application for Federal Student Aid (FAFSA).
- ___ Applicants are to complete the Part I of the FNA and submit to the Financial Aid Office (FAO) at the Institution to be attended. The FAO will complete the Part II of the FNA and return to our office (**ESTIMATES ARE NOT ACCEPTABLE**).
- _____ 5) **Graduation/Degree Checklist:** sophomore through graduate level students must submit a graduation/degree checklist at time of application. This will only need to be submitted once unless an applicant changes majors then a new one will need to be submitted.

Several ways of Submitting Application and Supporting Documents...

Scan and email to:

GSieweumptewa@hopi.nsn.us

Mail In:

*Hopi Tribe Grants and Scholarship Program
P.O. Box 123
Kykotsmovi, AZ 86039*

FedEx/UPS:

*Hopi Tribe
Attn: Grants and Scholarship Program
1 Main Street
Kykotsmovi, AZ 86039*

****APPLICATION OR SUPPORTING DOCUMENTS FAXED TO THE OFFICE WILL NOT BE ACCEPTED.***

Regional Accrediting Associations

- ✓ Accrediting Commission for Community and Junior Colleges (ACCJC) – Associate Degree-granting institutions
- ✓ Middle States Association Commission on Higher Education (MSCHE)
- ✓ New England Association of Schools and Colleges (NEASC-CIHE)
- ✓ Higher Education Learning Commission (HLC)
- ✓ Northwest Commission on Colleges/Universities (NWCCU)
- ✓ Southern Association of Colleges and Schools Commission on Colleges (SACSCOC)
- ✓ Western Association of Colleges and University (WSCUC)

**HTGSP DOES NOT FUND STUDENTS WHO ARE PURSUING CERTIFICATE/DIPLOMA PROGRAMS
AND/OR ATTEND INSTITUTIONS THAT ARE NOT REGIONALLY ACCREDITED.**



HOPI TRIBE GRANTS AND SCHOLARSHIP PROGRAM

P.O. Box 123 Kykotsmovi, AZ 86039 * (928) 734-3542 or (800) 762-9630

FALL SEMESTER

Priority Deadline: July 1
Final Deadline: August 30

DEADLINE DATES

WINTER SEMESTER

Priority Deadline: Oct 1
Final Deadline: November 1

SPRING SEMESTER

Priority Deadline: December 1
Final Deadline: January 15

ANSWER ALL QUESTIONS AND PRINT CLEARLY. READ, SIGN AND DATE THE APPLICATION.

Financial Assistance (check all applicable):

- Hopi Education Award
- BIA Higher Education Grant
- Tuition and Book Award

Terms applying for:

- Fall 20_____ full-time part-time
- Winter 20_____ (trimester systems only) full-time part-time
- Spring 20_____ full-time part-time

Name: Last _____ First _____ MI _____ Hopi Enrollment No.: _____

Social Security No.: _____ - _____ - _____ Date of Birth: _____

E-mail address: _____ Gender: Male Female

Mailing Address: Street/P.O. Box _____

City _____ State _____ Zip Code _____

Phone (_____) _____

Please check one: Veteran: Yes No Preferred method of contact? Text Email Phone
(For statistical purposes only)

Have you previously applied to HTGSP? Yes No If yes, semester/year applied: _____

High School attended/location: _____ Year Diploma/GED rec'd: _____

College to attend/location: _____ Expected date of college graduation: _____

College Class Status (check one): Freshman Sophomore Junior Senior Graduate Doctoral

Degree currently pursuing (check one): AAS AA Bachelors Masters Other _____

Major: _____ Minor: _____

LIST ALL POST-SECONDARY SCHOOL ATTENDED i.e. in high school, vocational, higher edu. (use additional page if necessary).

School	City/State	Sem./Yr. attended	Credits earned

I hereby certify that the information on this application is true and correct to the best of my knowledge. I will accept and abide by all conditions in the aforementioned and the HTGSP Policy and Procedures Manual. Furthermore, I give permission to the HTGSP to request and receive any information on my financial aid status and academic progress.

Signature of Applicant: _____ Date: _____

**Verification of Hopi Enrollment
for
Hopi Tribe Grants and Scholarships Program**

PART I: MEMBERSHIP INFORMATION (TO BE COMPLETED BY STUDENT AND RETURNED TO HTGSP)

Student Name: _____ Other Last Name(s) Used: _____
Place of Birth: _____ Date of Birth: _____
Student Social Security No: _____ Father's Name: _____
Mother's Name: _____ Mother's Maiden Name: _____

(To be completed by the Hopi Tribal Enrollment Office)

PART II: VERIFICATION OF TRIBAL BLOOD ENROLLMENT

A. Is _____ blood degree of the Hopi Indian Tribe

B. a. _____ Hopi Tribal enrollment number _____

b. _____ is not enrolled with the Hopi Indian Tribe.

Is also _____ blood degree of the _____ Tribe/Race

Is also _____ blood degree of the _____ Tribe/Race

We can verify that he/she is not enrolled with the _____ Tribe(s) as of _____ (Date)

We are unable to verify non-enrollment with _____ Tribe(s) due to lack of information.

PART III: CERTIFICATION OF INDIAN BLOOD

A. I certify that this individual is _____ degree Indian Blood of a federally recognized tribe defined in 25 CFR Part 40.1.

Director, Office of Enrollment/Hopi Tribe

Date

B. I am unable to certify the blood quantum or enrollment status of this individual due to no records on file with the Enrollment Office/Hopi Tribe.

Director, Office of Enrollment/Hopi Tribe

Date

PRIVACY ACT and REDUCTION ACT STATEMENT

GENERAL: This information is provided pursuant to P.L. 93-579 (Privacy Act of 12/21/74)

AUTHORITY: The Bureau of Indian Affairs, Office of Indian Education Programs operates an educational system under the general authority of Chapter 115, Public Law 67-86, 42 Stat. 208(25U.S.C. 13) and Public Law 95-561.

PURPOSE AND USES: In accordance with the accountability required for the administration of funds appropriated for educational program, certain types of information is required. All records are maintained in strictest confidence and all information contained herein is considered privileged information solicited and the routine use of the information collected will be used solely in the planning, managing, providing placement of individuals and providing accountability for the educational services offered to individuals.

EFFECTS OF NONDISCLOSURE: Although furnishing personal information to this office is purely voluntary, failure to supply complete and accurate information may preclude applicant from obtaining educational services.

**The Hopi Tribe
Financial Needs Analysis**

The Hopi Tribe Grants and Scholarship Program
P.O. Box 123
Kykotsmovi, Arizona 86039
(928) 734-3542 or (800) 762-9630
FAX # (928) 734-9575

Priority Deadline
Fall July 1
Winter October 1
Spring December 1

Final Deadline
August 30
November 1
January 15

Part I - TO BE COMPLETED BY THE STUDENT

Send this form to your college or university financial aid office for completion.

Name: _____ Social Security Number _____ - _____ - _____
 Last First MI

Address: _____
 Street/P.O. Box City State Zip Code

Institution Name and Address: _____
 Name City/State

Funding request for: Fall 20 _____ Winter 20 _____ Spring 20 _____
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I hereby give permission to the Hopi Tribe Grants and Scholarship Program to request and receive any information on my financial aid status and academic progress. I understand that I must apply for all federal, state and institutional aid before being considered for HTGSP aid. I also understand that I am responsible for seeing that this form reaches the HTGSP by the deadline date.

Student Signature

Date

PART II - TO BE COMPLETED BY THE FINANCIAL AID OFFICER

Return to the Hopi Tribe Grants and Scholarship Program. Initial any corrections. **ESTIMATES ARE NOT ACCEPTABLE.**

Approved Student Budget () Dependent () Independent

Cost of Attendance based on:	_____ credit hours:	Resources:	
Tuition and Fees	\$ _____	Student Contribution	\$ _____
Books and Supplies	\$ _____	Parent Contribution	\$ _____
Room and Board	\$ _____	Spouse's Contribution	\$ _____
Personal Expenses	\$ _____	Veteran's Benefits	\$ _____
Transportation	\$ _____	Social Security	\$ _____
Other: _____	\$ _____	Other: _____	\$ _____
Total Expenses:	\$ _____	Total Resources:	\$ _____

We have made the following awards:

	Applied For:		Awarded:		Amount
Pell Grant	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	\$ _____
S.E.O.G.	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	\$ _____
Work Study	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	\$ _____
Loans: _____	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	\$ _____
Tuition Grant	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	\$ _____
Other: _____	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	\$ _____
Other: _____	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	Yes(<input type="checkbox"/>)	No(<input type="checkbox"/>)	\$ _____
			Total Awards:		\$ _____

Unmet Need (cost of attendance - [resources + awards]): \$ _____

I recommend the student: () receive () not receive: Fall \$ _____ Winter \$ _____ Spring \$ _____
This applicant () is () is not academically eligible for financial aid under the rules of this university/college (if student is ineligible for financial aid, please explain why).

Financial Aid Officer Signature Institution Telephone Date

Financial Aid Officer Name: (Please Print) _____

FAO E-mail address: _____ Phone: _____