



HIGHER EDUCATION APPLICATION

Academic Year 2009-2010

July 1, 2009 to June 30, 2010

INSTRUCTION SHEET

The 2009-2010 application for scholarship assistance contains: 1) an introductory page, 2) A Four-Page application, and 3) a financial need analysis form, for a total of six pages.

Submission of Application The table below itemizes the list of documents required for each applicant type: 1) a first time (new) applicant or 2) a continuing student (renewal).

| Name of Document | First Time Applicant (new) | Continuing Student (renewal) |
|---------------------------------------|---|--|
| Higher Education Application | Yes | Yes |
| Education Plan (within Application) | Yes | Yes |
| Certified Enrollment | Yes | N/A |
| Cover Letter | Optional | Optional |
| Financial Need Analysis | Yes | Yes |
| Admission Letter | Yes | If a Transfer to New School 90 day advance notice |
| Unofficial Transcript(s), College | Yes if Previous Attendance | Yes for 2009-2010 Year |
| High School/GED Transcript | Yes | N/A |
| Last Term Final Grade Report | Not Applicable | Yes if not on Unofficial Transcript Copy |
| Next Term Class Schedule | Not Applicable | Yes if not on Unofficial Transcript Copy |
| Degree Audit or Transcript Evaluation | Required for Student Entering Junior Year | |

Priority Deadline A full, complete application packet is due

July 1, 2009 for the Fall Semester or Quarter 2009 Term
 November 1, 2009 for the Spring Semester or Winter 2010 Term
 February 1, 2010 for Spring 2010 Quarter

Transmission of Application Mail, deliver in person, fax or email all documents to:

Nez Perce Tribe
 Attn: Higher Education
 Education Services Building, 116 Veterans Drive
 P.O. Box 365
 Lapwai, ID 83540
 FAX: 208-843-7380 VOICE: 208-843-7316

Questions DIRECTOR Kay Kidder kayk@nezperce.org
 PROGRAM ASSISTANT Gabrielle Moses gabriellem@nezperce.org



"Educational Excellence: The Nimiipuu Way to Workforce Development"
P.O. Box 365, Lapwai, ID 83540
Voice: 208-843-7316 Fax: 208-843-7380

ACADEMIC YEAR 2009-2010 APPLICATION FOR SCHOLARSHIP ASSISTANCE
Higher Education Program

PERSONAL INFORMATION

NAME: Social Security No:
LAST FIRST NAME MIDDLE

IF APPLICABLE, Maiden Last Name: N.P. Tribal Enrollment No.:

Primary Mailing Address to receive U.S. Postal Mail delivery during entire school year.

House No/Street Name or Postal Box City State Zip Code

Note: The student is responsible for change to contact information i.e. mailing, telephone, electronic mail account.

Email Address:

Primary Telephone Number: Secondary Telephone Number:
Cell Home Message

Date of Birth: Age Today: Gender: Male Female

Military Veteran: No Yes If yes, Branch of Service: Dates of Service:

High School/GED Complete Date: Month/Year

FINANCIAL AID. As of the date of this application, I applied for other grant/scholarship to support cost of education.

Yes No Federal Student Aid, U.S. Department of Education, Academic Year 2008-2009
All applicants receiving Higher Education are required to file a FAFSA 2009-2010 application to determine eligibility for federal student aid, and complete the verification process if randomly selected.

Yes No Nez Perce Tribe, Scholarship Program
If no, the Tribe administers a scholarship program using revenue generated by the tribal enterprises. Contact the staff support for the Nez Perce Tribal Executive Committee (NPTEC) at 208-843-2253. The application can be found on the Nez Perce Tribe's website.

Yes No Other:
Your listing of other scholarships is optional. We are appreciative of your active search and understanding to secure as many resources to support the cost of education. Thank you!

Yes No Are you familiar with the "Time Limit" to complete two or four year degree programs for the purpose of federal student aid? If no, Higher Education encourages all students to consult with financial aid office to allow effective course planning leading to degree completion.

SCHOOL INFORMATION

Student Identification Number: _____

Name of School Attending

Name _____ City _____ State _____
Website Address: _____
This school is a: 2-year institution 4+-year institution

Previous School(s) Attended:

Name _____ City _____ State _____
Name _____ City _____ State _____
Name _____ City _____ State _____

**Note: Official Transcripts are
Required for Each School Listed
Inquire if Assistance Needed to
Pay Transcript Request Fee**

What school terms will you need of scholarship assistance during the 2009-2010 school year (does not include Summer 2009)?

- Fall Quarter/Semester 2009 Winter Quarter 2010 Spring Quarter/Semester 2010
N/A for Schools using Semester Terms

What degree or certificate will you be working on during the 2009-2010 school year?

- 1st bachelor's degree Associate degree (general education or transfer program) Other/Undecided

What will be your grade level when you begin the 2009-2010 school year?

- 1st year/never attended college before 2nd year/sophomore 4th year/senior
 1st year/attended college in past 3rd year/junior

At the start of the 2008-2009 school year, what do you expect your enrollment status to be?

- Full-time (at least 12+ credit hours per term)
 3/4-time (9-11 credit hours per term)
 Half-time (6-8 credit hours per term)
 Less than half-time (0-5 credit hours)
 Not sure

▶ EDUCATION PLAN

Career Goal: _____

Intended Major: _____

Anticipated Graduation Month/Year : _____
Month Year

Type of Degree:
 1st bachelor's degree
 2-Year Associate degree

Are you undecided about career goal and declaration of major or program of study? No Yes If yes, Higher Education encourages students to utilize a campus career development center, academic advisor or other resource(s) to explore careers for your education plan. A major must be declared by beginning of junior year at which time Higher Education will request a "degree audit" or "transcript evaluation".

▶ COURSE PLANNING

List the courses you are planning to enroll for the 2009-2010 school year. Will there be any repeat courses? If yes, consult with the school policy on repeat courses for purpose of federal aid.

Fall Quarter or Semester

Winter Quarter

Spring Quarter or Semester

If attending school on Quarter system

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

► **COVER LETTER (optional).** The Higher Education appreciates the opportunity to learn about your vision for the future. We encourage new applicants and continuing students to share the sacrifices we make for the journey in education. Topics include but are not limited to: obstacles or challenges in the last year affecting desired academic performance resulting in good standing; plan to help the Native American community, student leadership, earning academic recognition. Feel free to use the space below or submit a separate sheet of paper.

► **CERTIFICATION**

- I understand that I am applying for scholarship assistance federal grant program administered by the Nez Perce Tribe.
- I agree to attend the school indicated on this application and agree to follow all rules, regulations and attendance requirements of the school for academic and financial aid purposes.
- I will satisfactorily complete the study resulting in degree completion to the best of my ability.
- I further agree that the funds issued to me for education purposes shall be used appropriately, and I will notify the office within 3-5 days of transaction for add/drop and withdrawal for a determination of under/overpayment of scholarship assistance.
- I understand that if I am eligible for other education funds, such as PELL, tuition waiver, this will be included when computing my financial aid package and I agree to use these funds for the purpose intended.
- I am aware that all Higher Education funding will be distributed through the Financial Aid Office of the school I will be attending.
- I will provide a copy of a final grade report and a current class schedule (or an unofficial transcript) at the end of each academic school term; and a degree audit if entering the junior year in college.
- I understand that a change in school requires a new application of at least 90 days prior to admission.
- I understand that this application will be available only to Adult and Higher Education staff members who need to see it in the course of their duties.
- I give my permission, if selected as a scholarship recipient, to use my name and/or photograph in any promotional or publicity activities directly related to the Nez Perce Tribe's strategic priorities in education.
- Permission is hereby given to officials of my institution for the 2009-2010 Academic Year to release: (check which will apply) academic transcript information financial aid information student account i.e. billing/residual and/or other (specify)_____. The Higher Education Program will utilize this provision only when: 1) clarification is needed to expedite a program decision, 2) a student did not voluntarily provide information at end of funding cycle for purpose of federal or tribal reporting requirement. The student is responsible for submitting information as requested.

I also affirm that the information contained in this application is true and accurate to the best of my knowledge.

Today's Date: ____/____/_____

Student Signature: _____

Name (please print): _____

Student Identifier Number: _____
(School ID Number or Social Security Number)

Name of School: _____

