BUREAU OF INDIAN AFFAIRS
HIGHER EDUCATION APPLICATION
INSTRUCTIONS

The Hoopa Tribal Education Association administers Bureau of Indian Affairs funds for enrolled Hoopa Tribal Members. Students who are interested in applying for these funds should complete the attached application, as well as complete the following procedures under this application:

1. Apply for admission to the College of your choice.

2. Complete the Free Application for Federal Student Aid (FAFSA) form.

3. Complete the Part A of the application.

4. Sign the Privacy Statement (Part C.)

5. Forward the Financial Need Analysis (Part B) to the Financial Aid Office. The Financial Aid Office will send it to the above address. (The FAFSA form must be completed before the financial aid office can complete Part B.)

6. Submit your most recent grades or transcript (High School transcript for new students; Grade report or transcript for continuing students.)

7. Submit an Educational Plan signed by your Advisor. The Education Plan must outline course work leading to degree requirements, and estimate the length of time to complete your degree and any other pertinent information to your Education Plan.

8. Deadline to submit the Higher Education Application for the next Academic year will be the second Friday of July. Applications received after the deadline may not be funded due to budget restrictions.

Applications also available at hoopa-nsn.gov. Email us hoopaeducation@gmail.com
BIA HIGHER EDUCATION
GRANT APPLICATION

(Part A)

APPLICATION FOR THE ACADEMIC YEAR: __________________ or
Fall only____ Winter only_____ Spring only_____ Summer only____

PLEASE NOTE: All information requested is voluntary, however failure to complete all application parts may result in delays or the impossibility of processing this application.

Name:__________________________________ Maiden:__________________________________
Address: _______________________________ Student ID#_______________________________
________________________________________ Email:_______________________________
Telephone No.: _________________________ Birth date:_______________________________
Cell number:__________________________
Marital Status: _____Single _____Married _____Separated _____ Divorced _____ Widowed
Number of Children: _____ Sex: M F Hoopa Roll Number: _______________________

==================================================================
FOR CENSUS PURPOSES ONLY:
Father’s Name: ________________________ Tribal Affiliation: ________________________
Mother’s Name: ________________________ Tribal Affiliation: ________________________

==================================================================
Name and Address of High School Attended: Date of Graduation/GED: _______________________

==================================================================
Name and Address of College Selected: Date you will register for classes: _____________
Semester based____ quarter based____

==================================================================
Were you awarded a Higher Education Scholarship before? Y  N If yes, when _____________
Number of Semesters/Quarters earned __________ Credit Hours earned: _________________
Year in College: 1 2 3 4 Full Time Student: ___ (must be enrolled in at least 12 units to be eligible for this award)
Expected Degree: AA _____ BA _____ BS _____ (awards available to undergraduate students only)
Year Degree expected: __________ Major: ____________________ Minor: ___________________

I hereby certify the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete the financial aid package. I request that any BIA grant awarded to me be mailed to me in care of the Financial Aid Office of the Institution I am attending. I will provide a copy of my grades or transcripts to the Hoopa Tribal Education Office at the above address at the end of each academic term.

Students Name: ___________________________ Date: ______________________
FINANCIAL NEED ANALYSIS
TO BE COMPLETED BY THE FINANCIAL AID OFFICER

(Part B)

Verified financial need information is needed through your office before action can be taken on this application. Please complete and forward this form to the above address. Thank you for your assistance.

Students Name: _______________________________ Date: _____________________________
Student ID:_____________________________

Budget Period: From _______________ To _______________ Which Starts on ______________

ASSESSED STUDENT NEED:

<table>
<thead>
<tr>
<th>College Budget</th>
<th>Resources</th>
<th>Campus Based &amp; Other Aid</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition $_____</td>
<td>Parent Contribution $</td>
<td>SEOG $_________</td>
</tr>
<tr>
<td>Fees $________</td>
<td>Student Contribution $</td>
<td>PELL $_________</td>
</tr>
<tr>
<td>Books/Sup $_____</td>
<td>Veteran’s Benefits $___</td>
<td>PERKINS $_________</td>
</tr>
<tr>
<td>Room $________</td>
<td>AFDC/Welfare $_______</td>
<td>CWS $_________</td>
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<tr>
<td>Board $_______</td>
<td>Social Security $______</td>
<td>SUG $_________</td>
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<td>State funding $_______</td>
<td>EOP $_________</td>
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<tr>
<td>Personal $______</td>
<td>Voc Rehab $_________</td>
<td>SSL $_________</td>
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<tr>
<td>Child Care $____</td>
<td>Other $_______</td>
<td>CAL A/B $_________</td>
</tr>
<tr>
<td>Other $_______</td>
<td>Other $_________</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL $_______ TOTAL $_______ TOTAL $_______

WE RECOMMEND A STUDENT AWARD OF: $________

Financial Aid Officer: ____________________________________________________________

Name of Institution:    ____________________________________________________________
Address:    ___________________________________________________________________

Telephone Number:    ____________________________________________________________
Email address: _________________________________

Our School is on:  Semester: _____ Quarter: _____ Trimester: _____ Other: _____

***Please include STATEMENT ON PRIVACY (Part C) to financial aid office***
STATEMENT ON PRIVACY

(Part C)

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on 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 principal purposes for which the information is intended to be used;

C. The routine used which may be made of the information, as published pursuant to paragraph (4)(D) of this subsection, and;

D. The effects on him/her, if any, of not providing all or part of the requested information.

The Bureau of Indian Affairs Higher Education Assistance Program operates under the general authority of 24 USC Chapter 13, 42 Stat. 208 P.L. 67-85 with specific legislation contained in 23 USC Sub-Chapter 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 this data on individuals if for determining eligibility of the applicant and to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program

I have read the statement on privacy listed with the application form.
I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

____________________________________________________________
Signature of Applicant

___________________________________
_________________________
Date
PAY BACK POLICY

Upon approval of an award for a BIA Higher Education Award, the recipient agrees to the following conditions:

1. If the student does not comply with the requirements specified under the Policy governing BIA Higher Education Awards the student will be required to pay back the amount of the award received.

2. Conditions requiring a pay back are based on:

   - Failure to attend class(es).
   - Failure to complete at least 50% of the classes as a full-time student.
   - Awards of continuing students who did not complete all units will have next award prorated as stated in the regulations.

3. The student agrees to pay back the award amount through cash payment, salary deduction, or per capita deduction.

This contract shall constitute a legally binding agreement between the parties and may be enforced as a debt in accordance with the Hoopa Valley Tribe’s Debt Collection Ordinance. This Agreement applies to any award received by the Student in this, or any subsequent academic year, through the Tribal Grant and Scholarship Program or Higher Education Program.

I understand I will allow up to ten (10) days to receive my award once check request has been submitted to the fiscal office and I am not call or visit the fiscal office to check on the status of my award.

Student signature  Date

Authorized official signature  Date