

# Hoopa Tribal Education Association

P.O. Box 428 • Hoopa, CA 95546-0428 • (530) 625-4413  
hoopaeducation@gmail.com Fax (530) 625-5444



Hoopa Valley Tribe

## **HOOPA** **HIGHER EDUCATION GRANT** **APPLICATION INSTRUCTIONS**

The Hoopa Tribal Education Association administers Hoopa Higher Education 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](http://hoopa-nsn.gov). Email us: [hoopaeducation@gmail.com](mailto:hoopaeducation@gmail.com)**

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## HOOPA 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check Box if Award Goes to Institute: \_\_\_\_\_

Check Box if Award Goes to Applicant: \_\_\_\_\_

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: \_\_\_\_\_

I give my consent for my name, tribal affiliation, and academic achievements to be used in any Hoopa Tribal Education Association public relations announcements and newsletters. \_\_\_\_\_ Please initial here.

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## 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:

College Budget	Resources	Campus Based & Other Aid
Tuition \$ _____	Parent Contribution \$ _____	SEOG \$ _____
Fees \$ _____	Student Contribution \$ _____	PELL \$ _____
Books/Sup \$ _____	Veteran's Benefits \$ _____	PERKINS \$ _____
Room \$ _____	AFDC/Welfare \$ _____	CWS \$ _____
Board \$ _____	Social Security \$ _____	SUG \$ _____
Transp. \$ _____	State funding \$ _____	EOP \$ _____
Personal \$ _____	Voc Rehab \$ _____	SSL \$ _____
Child Care \$ _____	Other \$ _____	CAL A/B \$ _____
Other \$ _____		Other \$ _____
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\*\*\*

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## 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 is 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.**

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Signature of Applicant

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Date

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## **PAY BACK POLICY**

Upon approval of an award for a Hoopa 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 Hoopa Higher Education Awards the student will be required to pay back the amount of the award received.
2. Conditions requiring a payback 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.

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Student signature

Date

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Authorized official signature

Date