YAKAMA NATION
HIGHER EDUCATION

SCHOLARSHIP/GRANT APPLICATION

DEADLINES TO APPLY
JULY 1 FALL QUARTER & SEMESTER
NOV 1 WINTER QUARTER & SEMESTER
FEB 1 SPRING QUARTER
MAY 1 SUMMER QUARTER & SEMESTER
MAY 1 HIGH SCHOOL SENIORS (for announcement at graduation events)
Application Checklist

NEW HIGH SCHOOL OR FIRST TIME STUDENTS:

___ Application Complete with Personal Letter and Signature(s)
___ Yakama Enrollment Verification Documents
___ College Acceptance or Conditional Acceptance Letter
___ Unofficial High School Grade Transcripts for May 1st deadline. Official High School Grade Transcripts due by July 1st deadline. GED Scores are also accepted.
___ Copy of Free Application for Federal Student Financial Aid (FAFSA)
___ College Grade Transcripts, if applicable
___ Financial Needs Analysis (FNA) from the Institution's Financial Aid Office. If approved, the FNA must be submitted no later than 14 business days prior to the start of term.

RETURNING STUDENTS:

___ Application Complete with Personal Letter and Signature(s)
___ Copy of Free Application for Federal Student Financial Aid (FAFSA)
___ College Juniors and Seniors - a degree audit
___ College Grade Transcripts (Up to Date)
___ Financial Needs Analysis (FNA) from the Institution's Financial Aid Office. If approved, the FNA must be submitted no later than 14 business days prior to the start of term.

GRADUATE STUDENTS: (Master’s and PHD)

___ Application Complete with Personal Letter and Signature(s)
___ List of other scholarships applied for (title, amount, date applied, awarded/denied)
___ Grade Transcripts showing most recent degree completed.
___ Official Acceptance from Graduate School
___ Program of Study Outline showing anticipated Completion date
___ Financial Needs Analysis (FNA) from the Institution's Financial Aid Office. If approved, the FNA must be submitted no later than 14 business days prior to the start of term.
Tribal Scholarship/BIA Grant Application

Academic Year: ________ ( ) Freshman ( ) Sophomore ( ) Junior ( ) Senior ( ) Graduate
( ) Fall ( ) Winter ( ) Spring Expected Completion Date: ________________________________
( ) Summer: Separate application and based on availability of funds and academic status
( ) Full Time (minimum 12 credits per quarter or 15 credits per semester)
( ) Part Time (Low priority and availability of funding)
( ) Returning Student in Good Standing ( ) New Student
( ) High School Graduate (May 1 deadline is to have your award announced at graduation)
( ) High School Diploma OR ( ) GED; School: ____________________________ ; Year: ________

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PERSONAL INFORMATION:
NAME: _____________________________________________ Last 4 SSN: xxx-xx-
Address: ______________________________________City: __________________State: _______Zip: ________
Cell: ___________________ Mess#: ______________ Email: ____________________________
YAKAMA ENROLLMENT NUMBER: _____________ DATE OF BIRTH: ____/___/____
( ) Male ( ) Female ( ) Single ( ) Married; Number of Dependents: ______

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COLLEGE STUDENT ID NUMBER: ____________ (scholarship checks sent with student ID #)
COLLEGE/UNIVERSITY: _____________________________________________________________
ADDRESS: __________________________________________ PHONE: ______________________
MAJOR: __________________________ MINOR: _________________________________
EXPECTED GRADUATION DATE: ______ Cumulative GPA: ____________________________
Personal Letter

(Please indicate your educational and employment goals)
STATEMENT OF PRIVACY

PLEASE READ CAREFULLY

THE PRIVACY ACT OF 1974 REQUIRES EACH FEDERAL AGENCY THAT MAINTAINS A SYSTEM OF INFORMATION ON INDIVIDUALS TO INFORM THOSE INDIVIDUALS AS TO:

A. THE AUTHORITY (WHETHER GRANTED TO STATUTE, OR BY EXECUTIVE ORDER OF THE PRESIDENT) WHICH AUTHORIZES THE SOLICITATION OF THE INFORMATION AND WHETHER DISCLOSURE OF SUCH INFORMATION IS MANDATORY OR.

B. THE PRINCIPLE PURPOSE OR PURPOSES FOR WHICH THE INFORMATION IS INTENDED TO BE USED.

C. THE ROUTINE USES WHICH MAY BE MADE OF THE INFORMATION, AS PUBLISHED PURSUANT TO PARAGRAPH (4), (D) OF THIS SUBSECTION AND.

D. THE EFFECTS ON HIM OR HER, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION.

THE INTENT OF COLLECTING AND MAINTAINING THIS DATA IS TO DETERMINE ELIGIBILITY. FAILURE OF THE APPLICANT TO PROVIDE THE NECESSARY INFORMATION MAY PRECLUDE APPLICANT ELIGIBILITY.

TRIBAL SCHOLARSHIP AGREEMENT

I UNDERSTAND THAT IF I WITHDRAW OR EARN 0.00 GPA AND/OR ZERO CREDITS IN ANY TERM FOR INSUFFICIENT REASON(S), I WILL REFUND THE TRIBAL SCHOLARSHIP. I AGREE TO USE THE AWARD FOR EDUCATIONAL PURPOSES AND UNDERSTAND IT IS MY RESPONSIBILITY TO SEND GRADE TRANSCRIPTS AND REGISTRATION AT THE END OF EACH TERM TO THE HIGHER EDUCATION OFFICE AS WELL AS INFORM THE PROGRAM OF ANY CHANGES TO MY EDUCATIONAL GOALS/INTENT.

I HAVE READ THE STATEMENT OF PRIVACY AND TRIBAL SCHOLARSHIP AGREEMENT AND AM IN AGREEMENT. I HEREBY PROVIDE THE INFORMATION AND BY MY SIGNATURE ATTEST THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I ALSO UNDERSTAND THAT MY UNDERGRADUATE TRIBAL SCHOLARSHIP AMOUNT IS $1,500.00 FOR THE ACADEMIC YEAR AND $3,000.00 FOR GRADUATE LEVEL AS A FULL TIME STUDENT. TRIBAL AND BIA AWARDS WILL BE SENT DIRECTLY TO THE COLLEGES.

PRINT NAME:_____________________________ SIGNATURE:_________________________________

DATE: ________________________________
# FINANCIAL NEEDS ANALYSIS

STUDENTS COMPLETE PART A AND THE INSTITUTION WILL COMPLETE PART B

A. NAME: __________________________ TRIBAL ENROLLMENT #: __________________

COLLEGE/UNIVERSITY: __________________________________________________________

By signing this form, I hereby authorize the release of information from my file. I understand that all pertinent financial aid information will be provided to Yakama Nation Higher Education as requested to complete the Need Analysis. This information may be released for the total duration of my enrollment.

STUDENT SIGNATURE: __________________________ DATE: _______ STUDENT ID#: _________

B. COLLEGE FINANCIAL AID OFFICER PLEASE COMPLETE AND RETURN TO: YAKAMA NATION HIGHER EDUCATION - P.O. BOX 151; TOPPENISH, WA 98948 OR EMAIL: ynhighered@yakama.com

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TOTAL: $________  TOTAL: $________

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F.A.O. SIGNATURE AND TITLE: __________________________

PHONE: __________________________ Email: __________________________

DATE: ________________________ Comments: __________________________