**SKY PEOPLE HIGHER EDUCATION PROGRAM**

**NORTHERN ARAPAHO TRIBAL & HIGHER EDUCATION SCHOLARSHIPS**

**The scholarship applications are submitted: (1) Each academic year (2) One semester or quarter such as summer, winter or spring quarter. The original application forms must have the original student signature. The original application forms must be mailed / returned to our office by the deadline date.**

**DEADLINE DATES FOR COMPLETE APPLICATIONS ARE:**

***ACADEMIC YEAR (Fall & Spring) - JUNE 15***

***SPRING SEMESTER - NOVEMBER 15***

***SUMMER SEMESTER –APRIL 15***

**THE STUDENT IS RESPONSIBLE FOR COMPLETING ALL PAPERWORK!**

The following is a list of items required for a complete scholarship application. **ONLY COMPLETED APPLICATION WILL BE CONSIDERED FOR FUNDING**

 ( ) **Application – BIA Higher Education**

( ) **Application - Northern Arapaho Tribe**

( ) **Student Aid Report (SAR) from the Free Application for Financial Aid (FAFSA)**

 **The FAFSA must be filled out and the information sent to the student’s college.**

 ( ) The **FINANCIAL NEEDS ANALYSIS FORMS** must be completed the

 **FINANCIAL AID OFFICER** at the college you plan to attend**. It is the STUDENT’S Responsibility to send the Financial Needs Analysis Form to the Institution they plan to attend. The Financial Aid Office will submit the form to Sky People.**

( )  **College Acceptance Letter. This letter is to be submitted with the annual**

 **application for:**

1. **Students who are entering college for the 1st time**
2. **Students who are transferring colleges**
3. **Students who did not attend for 1 or more semesters before reentering the same college.**

**Students who are continuing at the same college for consecutive semesters will need to provide the registration form with the semester courses and credit hours listed.**

( ) **OFFICIAL Grade Transcripts with raised seals**

1. **High School, College or GED test scores.**
2. **Including official transcripts from all colleges previously attended.**
3. **If the student has previously been funded by Sky People, transcripts are required for those funded semesters.**

( )  **Personal Letter which includes your plan of study/major, academic/class status and**

**expected date of Graduation. A major should be declared so that the student can apply for other scholarships. Students are encouraged to apply for other scholarships.**

( ) **Certificate of Indian Blood or copy of Tribal ID**

( ) **Placement Test Scores (Compass, GTAB, TABE, ACT or other)**

 **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SKY PEOPLE HIGHER EDUCATION PROGRAM**

**NORTHERN ARAPAHO TRIBAL & HIGHER EDUCATION SCHOLARSHIPS**

Continue the list of items required for a complete scholarship application.

**ONLY COMPLETED APPLICATION WILL BE CONSIDERED FOR FUNDING**

( ) **Statement on Privacy** (signature\_\_\_)

( ) **Transcript Release Form** (signature\_\_\_)

( ) **Consortium Agreement if student is taking classes from 2 colleges** (signature\_\_\_)

( ) **Final Grade Report for Fall Semester/Fall & Winter Quarter to receive next**

**funding. At the end of each semester,** the student will submit the Semester’s Final Grade Report. **An Official Transcript is send to our office at the end of the academic year by the student.**

**Financial Need Analysis Information**

The information needed to complete the **Financial Needs Analysis** form is obtained from the ***Free Application for Financial Aid (FAFSA***) and Student Aid Report (SAR).The application is located at the **website is *fafsa.ed.gov***. The Financial forms provide information about eligibility for the PELL grant and are required by our office for all students. Processing of the FAFSA usually requires 4 to 6 weeks prior to being sent to the college or school.

***If you need further assistance-*** ***mylan.skypeople@yahoo.com*** ***or*** ***elmapbrown@gmail.com***

 ***1-800-815-6795, 307-332-5286***

***Sky People Higher Education***

***Northern Arapaho Tribe***

***P.O. Box 920***

***Fort Washakie, WY 82514***

**BIA HIGHER EDUCATION GRANT APPLICATION**

**SKY PEOPLE HIGHER EDUCATION**

**NORTHERN ARAPAHO TRIBE**

All information requested is voluntary. Failure to fully complete all applicable parts may result in processing delays of this application or make it impossible to process at all.

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Enrollment No.\_\_\_** \_\_\_\_\_\_\_\_\_\_

 Last First Middle Other Names Used

**Social Security No.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ph**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address at School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex**: F M **Marital Status**: S M D W

**Home Agency & Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tribal Affiliation**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type of High School**: (circle one) BIA Tribal Private Public GED

**Location of High School/GED Center** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Graduation/GED Date**\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION REQUEST for** 2\_\_\_\_\_\_\_\_\_ & 2\_\_\_\_\_\_\_\_\_\_

(circle one)

Academic Year (fall & spring) Fall Winter Spring Summer

**College Major Area of Study**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Degree**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Yr. in College** (circle one) Freshman Sophomore Junior Senior

**Received BIA funding before?** Yes No

**Semester of BIA Funding**\_\_\_\_\_\_\_\_\_\_\_\_\_

**STATEMENT OF EDUCATION PURPOSE:** I declare that I will use any funds I receive under the Sky People Higher Education Grant Program solely for expenses connected with attendance at

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to attend the school named, to work toward the educational objective stated and to carry and complete at least **12 semester** hours or the equivalent each term. If I withdraw from school before the school term is over, without the approval of the Northern Arapaho Business Council, I agree to repay to the Northern Arapaho Tribe the entire amount of the scholarship award. Said amount becomes immediately due and payable to the Tribe on the date I withdraw from School. I authorize the Business Council to deduct part or all of my per capita payments in amounts the Business Council deems reasonable until the scholarship award has been repaid in full.

**Signature of Applicant** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I thereby certify that the above information of 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 my financial aid package. I request that any Higher Education grant awarded me be mailed to me in care of the financial aid office of the institution. I will provide a copy of my grades/transcript to the Sky People Higher Education Office at the end of each academic term.

**Signature of Applicant**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev 10/2008



**Northern Arapaho Tribal Scholarship Program**

**Sky People Higher Education**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **First Middle Last Maiden Name D.O.B.**

**Social Security #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment #**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Mailing Address City State Zip**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address at College**

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Telephone Number** **E-Mail Address**

**Name of High School / GED was obtained** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Year**\_\_\_\_\_\_\_\_\_

Circle One: **Marital** **Status**: S M D W **Sex**: M F

**Name of Spouse**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Number of Dependents:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your career goal/major at college?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Enrollment:** (circle one) Fall Winter Spring Summer Academic Year (Fall& Spring)

**Academic Year**: 2\_\_\_\_\_\_\_\_\_\_& 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Expected Degree**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and address of College or University**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_

**Class standing**: (circle one) Freshman Sophomore Junior Senior Graduate

**Received Tribal Funding Before?** Yes No **Semester of Tribal** **Funding\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I agree to attend the school named, to work toward the educational objective stated and to carry and complete at least **12 semester hours or the equivalent each term**. If I withdraw from school before the school term is over, without the approval of the Northern Arapaho Business Council, I agree to repay to the Northern Arapaho Tribe the entire amount of the scholarship award. Said amount becomes immediately due and payable to the Tribe on the date I withdraw from school. I authorize the Business Council to deduct part or all of my percapita. If any, in amounts the Council deems reasonable until the scholarship award has been repaid in full. I request that my scholarship funds be mailed to the Financial Aid Office or Business Office in care of me.

Signature of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 10/2008

**STATEMENT OF PRIVACY**

The Privacy Act of 1974 requires each Federal Agency that maintains a system of information on individual to inform those individuals as to:

1. The authority (whether granted by statute, or by executive order of the President) authorizes the solicitation of the information and whether disclosure of such information is mandatory or voluntary.
2. The principle purpose or purposes for which the information is intended to be used.
3. The routine uses which may be made of the information as published pursuant to paragraph (4) (D) of this subsection; and
4. The effects on him, if any, of not providing all or any part of the requested information.

The Sky People for 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 the 256 USC, Subchapter E, Part 32, Administration of Educational 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 for recipients, and to declare eligibility, certain information is required of 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 means for producing certain statistical records required of this office. Failure on the part of the application to provide the requested information will preclude the applicant from eligibility in obtaining higher education assistance under this program. ***(As Amended)***

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Student

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address Date



 **NORTHERN ARAPAHO TRIBE**

**SKY PEOPLE EDUCATION PROGRAMS**

**SEMESTER GRADE AND TRANSCRIPT RELEASE FORM**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SSN#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_\_

I hereby give my consent and request that a OFFICAL TRANSCRIPT of my grades (semester or

quarter) be released to authorized education personnel for:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Academic Year) (Semester/Quarter)

If the Family Educational Rights and Privacy Act (FERPA, PL-380) at the Post-Secondary Institution requires a written request for release of information. It is my responsibility to file the written request at the college/university for my official transcript to be released to Sky People.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Student Date Completed

ADDITIONAL INFORMATION:

Last Semester Attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAIL TO:

**SKY PEOPLE EDUCATION PROGRAM**

**NORTHERN ARAPAHO TRIBE**

**P.O. BOX 920**

**FORT WASHAKIE, WY 82514**

**BIA / NORTHERN ARAPAHO TRIBAL SCHOLARSHIP PROGRAM**

**Financial Needs Analysis**

***Part I***

***TO BE COMPLETED BY THE STUDENT***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Agency of Tribe

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip Code

 Home Telephone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Year in College:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send me the necessary application for applying for college administered financial aid. I have submitted to the Sky People Higher Education Office to be considered financial assistance. This form with the additional financial information as listed in Part II is required before any action can be taken on my application. When all the necessary information is on file in your office, please complete and forward Part II or a similar form to:

Sky People Higher Education Program

Northern Arapaho Tribe

Fax: 307-332-9104

 P.O. Box 920, Fort Washakie, WY 82514

**All students are requested to apply for**

**Other sources of funding available** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**through the Financial Aid Office.** *Signature* *Date*

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**Part II**

**COMPLETED BY THE FINANCIAL AID OFFICER AT THE SCHOOL THE STUDENT IS ATTENDING**

This student has applied to the Sky People Higher Education Office. Verified financial need information is needed through your office before we can take action on the application. We will appreciate your assistance if you would complete and forward this form our like form to the above address.

Thank you for your assistance.

Budget Period: From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Which will start on (*date*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This student should is considered: Independent □ Dependent □ Full Time □

Cost of Attendance ………………………………………………………………………$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Contribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S.E.O.G. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuition \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Contribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PELL Grant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­

Spouse Contribution \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NDSL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Books \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VA Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C.W.S. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Benefits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Scholarship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welfare/AFDC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Travel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Grants (SSIG) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Misc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Personal \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Ind. Scholarship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Voc.Rehab. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Childcare\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TOTAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We recommend that BIA consider funding this student …………………………….….……….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Financial Aid Officer Signature Printed Name Date Telephone*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name of College (Please Print or Stamp) Address Zip Code*

Our School is on: Semester □ Quarter □ Trimester □ Other □ Specify\_\_\_\_\_\_\_\_\_\_

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