**NORTHERN ARAPAHO TRIBAL SCHOLARSHIP PROGRAM**

**APPLICATION FOR TRAVEL ASSISTANCE**

**Haskell Indian Nations University & SIPI**

**$200.00 TRAVEL FUNDS (availability of funds)**

The Travel Assistance program funds students from his or her home community to the post-secondary educational institution and return once during the academic year.

Certain Student Fees at the Bureau of Indian Affairs post-secondary educational schools are funded by Sky People Higher Education. Funds are sent to the institution for the student.

Applicants must provide the following documents:

* Application for Travel Assistance
* Official Transcripts- HS,GED, College
* Copy of Certificate of Indian Blood (CIB)
* Privacy Act- signed (attached to application)
* Per-Capita Deduction Agreement with Original Signature
* Transcript Release Form with Original Signature
* Acceptance Letter to Post-Secondary Institution
* Travel Dates- To and From School

Applicant is to provide the official transcript after the semester has ended to the Sky People Office. The student can request that the school’s registrar sent the transcript to Sky People.

Address: Sky People Higher Education Office

 P.O. Box 920

 Ft. Washakie, Wyoming 82514

 PH: 307-332-5286 or 1-800-815-6795

 Fax: 307-332-9104

October 2008



**NORTHERN ARAPAHO TRIBAL SCHOLARSHIP PROGRAM**

**APPLICATION FOR TRAVEL ASSISTANCE**

 NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST MI LAST Other Names Used/MAIDEN

Enrollment #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\_\_\_\_\_\_\_\_\_\_Age\_\_\_\_\_\_\_\_\_\_e-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MailingAddress\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City & State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School/GED location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date High School Diploma or GED received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: S M D Gender M F No. of Dependents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major/Study Area\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School (circle one) Freshman Sophomore

Expected Completion Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AA AAS Certificate (circle one)

Name of College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has Sky People Higher Education funded the student in the past? Yes No

What year & semester was the student funded?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student turned in the official transcript(s) for the semester(s) funded? Yes No

The official transcript must be received by the office before the application can be submitted to the Sky People Board for approval.

October 2008



**NORTHERN ARAPAHO TRIBAL SCHOLARSHIP PROGRAN**

**APPLICATION FOR TRAVEL ASSISTANCE**

**PER CAPITA DEDUCTION AGREEMENT**

I agree to attend the school named to work toward the educational objective stated and further, I agree to carry and complete a minimum of 12 semester hours or its equivalent. If I withdraw from school before the end of the term for any reason whatsoever, I agree that the money advanced to me becomes payable to the Northern Arapaho Tribe. I, further, agree that the Northern Arapaho Business Council is authorized to begin immediate deductions from my per capita check. If I drop out, a reasonable amount to withhold from my per capita is $\_\_\_\_\_\_\_\_.

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

Enrollment Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This application has been reviewed by the Sky People Office and the application has been:

Approved Disapproved

Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sky People Board Meeting Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: Sky People Higher Education

Northern Arapaho Tribe

P.O. Box 920

Ft. Washakie, WY 82514

1-800-815-6795 or 307-332-5286

Fax: 307-332-9104

October 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.

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Witness Student Signature

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

 Address

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

 Date