**OTHER EDUCATIONAL OPPORTUNITIES**

**SKY PEOPLE HIGHER EDUCATION**

**NORTHERN ARAPAHO TRIBE**

**MAXIMUM AMOUNT: $400.00 if funds are available**

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

 First Middle Last Enrollment Number

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Town State Zip Code

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

 Telephone Number Social Security Number Date of Birth

Name of School/Training Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of School/Training Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reimbursement Only:**

CNA\_\_\_\_\_\_\_CDA\_\_\_\_\_\_Substitute Teacher\_\_\_\_ Recertification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide initial certificate \_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Educational Areas:**

Please provide educational/professional training information including site, type of certification, list of classes/registration form if books are requested, list of tools with cost, etc.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide the following:**

**CIB/Tribal ID ---- Privacy Act ------- List of Supplies/Class cost ------- Copy of registration**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**I agree to utilize this money toward the cost** of my expenses at the college, school or training center. Upon completion of training, it is my responsibility to provide **certification or transcripts to Sky People Higher Education within 30 days after completing the course(s)**. I**, agree to repay** the Sky People Higher Education Program the entire amount of the monetary award if I **do not complete the course**. Said amount becomes immediately payable to Sky People Higher Education Program upon my withdrawal from the courses. I authorize Sky People Higher Education to deduct part or all of my per capita until the monetary award is paid in full.

I will provide Sky People with a copy of the certification of completion.

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

Application has been reviewed by the Sky People Office and has been **APPROVED**

**Date of Review or Phone Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISAPPROVED**

Disbursement in the amount $\_\_\_\_\_\_\_\_\_\_\_\_\_Finance Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rev 7/2017

 **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**