

*Sky People Higher Education*  
*Northern Arapaho Tribe*  
*P.O. Box 920, Fort Washakie, WY 82514*  
*1-307-332-5286 or 1-800-815-6795*  
*Fax-307-332-9104,*  
*Email- [skypeople@northernarapaho.com](mailto:skypeople@northernarapaho.com)*



**SKY PEOPLE HIGHER EDUCATION PROGRAM  
SCHOLARSHIP APPLICATION**

**Welcome to Sky People Higher Education**

If you need any assistance completing your applications, please contact our office.

**DEADLINE DATES FOR COMPLETED APPLICATIONS ARE:**

ACADEMIC YEAR Fall/Spring Semester or Quarter: JUNE 15th

Spring Semester/Winter Quarter: NOVEMBER 15TH

Spring Quarter: FEBRUARY 15<sup>TH</sup>

**NO EXCEPTIONS**

***ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED FOR FUNDING.***

***\*\*\*\*LATE AND INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED\*\*\*\****

- ( ) **Application** – Sky People Higher Education Scholarship and Recipient Agreement
- ( ) **Scholarship Recipient Agreement and Per Capita Deduction Agreement Forms**
- ( ) **Statement of Privacy**
- ( ) **Semester Grade and Transcript Release Form. Student(s) will submit official transcript(s) At the end of each semester/quarter and Academic Year End to Sky People Office.**
- ( ) **The FINANCIAL NEEDS ANALYSIS FORM: *It's the Student's Responsibility to send the Financial Needs Analysis Form to the Institution they plan to attend.***  
The Student completes the top portion and the Financial Aid Office will complete the bottom portion and will submit the form Sky People.
- ( ) **FAFSA** All students must apply for the Free Application for Federal Student Aid (FAFSA) no later than six (6) weeks prior to the first day of class, regardless of whether they qualify or not. It can be accessed and submitted online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) The FAFSA will determine if you are eligible for a Pell grant or work study. You may complete the FAFSA as early as October 1st . Our office requires the confirmation page that shows the student had applied successfully must be filled out and sent to the Institution the student is attending.
- ( ) **Certificate of Indian Blood (CIB) or Tribal ID of enrolled Northern Arapaho.**
- ( ) **Personal Letter** which includes students plan of study/major, academic/class status, education goals, 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.  
**“Continuing Students need to update letter annually”**
- ( ) **Acceptance Letter. This letter is to be submitted for:**
  1. Students who are entering college for the 1<sup>st</sup> 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 will need to provide the registration form with the semester courses and credit hours listed.”**
- ( ) **Official Grade Transcripts (with raised seal/stamp)**
  1. Official High School Transcript/High School Equivalency Certificate (First time applicants who are attending a post secondary institution for the first time)
  2. Official transcript from all Universities, Colleges, Technical Schools previously attended.
- ( ) **Consortium Agreement** (Only if student is taking classes from more than 1 college)

***If you need further assistance call 307-332-5286 or 1-800-815-6795***



## SKY PEOPLE HIGHER EDUCATION SCHOLARSHIP APPLICATION

**All information requested is necessary. Failure to fully complete all applicable parts will result in application being incomplete and not accepted.**

Please circle what applies to you for attending an educational Institute:

Academic Year: Fall/Spring 23/24 or Quarter: Fall/Winter 23/24 or Quarter/Spring 23/24

Name \_\_\_\_\_ Enrollment No. \_\_\_\_\_  
Last First Middle Initial

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

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

Contact Number: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: F \_\_\_\_ M \_\_\_\_

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

### EDUCATION

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

Name of School: \_\_\_\_\_

School Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Graduation/GED/HSEC Date \_\_\_\_\_

### INSTITUTION INFORMATION

Institution Attending \_\_\_\_\_

Institution Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Academic Year \_\_\_\_\_

System: Semester \_\_\_\_\_ Quarter \_\_\_\_\_

Student Classification (circle one) Freshman Sophomore Junior Senior

Major \_\_\_\_\_ Expected Degree \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Receive Sky People Funding Before? Yes \_\_\_\_ No \_\_\_\_ If yes, When \_\_\_\_\_



## Sky People Higher Education Scholarship Recipient Agreement

I, \_\_\_\_\_ am applying for a Scholarship for the Academic Year 23/24 please check the appropriate one: Semester \_\_\_\_ Quarter \_\_\_\_ I declare that I will use any funds I receive under the Sky People Higher Education solely for expenses connected with attendance at: \_\_\_\_\_

**APPLICANT MUST BE ENROLLED FULL TIME AT 12 CREDIT HOURS**

**\*\*PLEASE READ AND INITIAL THE FOLLOWING REQUIREMENTS.**

- \_\_\_\_\_ I agree to abide by the required rules and regulations set forth by Sky People Higher Education and the Northern Arapaho Tribe.
- \_\_\_\_\_ I also understand that the scholarship award is subject to the availability of funds and the amount is subject to change by Sky People Higher Education.
- \_\_\_\_\_ Maintain a 2.25 GPA
- \_\_\_\_\_ Maintain 12 Credit Hours for the Semester/Quarter
- \_\_\_\_\_ Submit Semester/Spring Transcripts and Final Transcripts from the Institution I am attending as required by Sky People
- \_\_\_\_\_ If I do not continue the Academic Year /Semester/Quarter for which I am funded or do not meet standards, this will justify discontinuance of funding with Sky People Higher Education. I will contact and submit an explanation in WRITING to Sky People Higher Education indicating my reason(s) for withdrawing from school or dropping courses within 30 days of the last day classes were attended. I authorize the school to release grade, attendance and income information to the Sky People Higher Education Program personnel.
- **The Academic Award amount will be subject to legal reimbursement Sky People deems reasonable**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PER CAPITA DEDUCTION AGREEMENT TO BE SIGNED BY ALL APPLICANTS:**

I hereby apply to attend the school indicated on the application and agree to work toward the educational objectives stated. If I withdraw from school before the school term is over, without the approval of the Sky People Higher Education board, I agree to repay to the Sky People Higher Education (SPHE) the entire amount of the scholarship award. Said amount becomes immediately due and payable to the SPHE on the date I withdraw from School. I authorize the Northern Arapaho Business Council to deduct part or all of my per capita payments in amounts the SPHE deems reasonable until the scholarship award has been repaid in full.

\_\_\_\_\_  
Applicant's Signature Date



## SKY PEOPLE HIGHER EDUCATION SCHOLARSHIP 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:

- A. 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.
- 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, 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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Student

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Date



## SKY PEOPLE HIGHER EDUCATION SCHOLARSHIPS 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 \_\_\_\_\_ 2023/2024      Circle appropriate one: 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 HIGHER EDUCATION PROGRAM  
NORTHERN ARAPAHO TRIBE  
P.O. BOX 920  
FORT WASHAKIE, WY 82514**



**SKY PEOPLE HIGHER EDUCATION SCHOLARSHIP**

**Financial Needs Analysis**

If you have not yet completed a FASFA (Free Application for Federal Student Aid) form, Please do so as soon as possible. FASFA is required to complete your Financial Needs Analysis by your institution.

**Part I TO BE COMPLETED BY THE STUDENT**

**Part I (Once completed send Part II to the Financial Aid Office of the Institution the Student is attending)**

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

Mailing Address: \_\_\_\_\_

P.O. Box or Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Number: (\_\_\_\_) \_\_\_\_\_ E-Mail address \_\_\_\_\_

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

Status: Single \_\_\_\_\_ Married: \_\_\_\_\_ Number of Dependents \_\_\_\_\_

I hereby fully authorize and allow the financial aid office to release my financial aid and any other relevant information to the Sky People Higher Education Program.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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 to:

Sky People Higher Education Program  
P.O. Box 920 , Fort Washakie, WY 82514 or Fax : 1-307-332-9104

**All students are requested to apply for Other sources of funding available through the Financial Aid Office.**

**Part II**

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

**The Financial Aid Officer shall do the following:**

1. Complete each line item under Cost, Resources and other Resources.
2. Consider all financial aid, fellowships & special award programs for which the applicant qualifies
3. **FNA must be complete and received by Sky People Higher Education by the following deadlines every year:**  
Academic Year/Fall by June 15,20\_\_\_\_ Spring/Winter by Nov. 15,20\_\_\_\_ Spring Quarter by Feb. 15,20\_\_\_\_  
**We will appreciate your assistance if you would complete and forward this form to the above address.**

<u>Cost of Attendance Expenses:</u>	<u>Resources:</u>	<u>Other Resources:</u>
Tuition/Fees _____	SEOG _____	Parental Contribution _____
Room/Board _____	Pell Grant _____	Student/Spouse Contribution _____
Books _____	NDSL _____	VA Benefits _____
Supplies _____	C.W.S. _____	Social Security Benefits _____
Other _____	Scholarship _____	Welfare/AFDC _____
Travel _____	Employment _____	SSIG _____
	Voc Rehab _____	State Ind. Scholarships _____
Total _____	Total _____	Total _____

Cost of Attendance \$ \_\_\_\_\_ Total Resources \$ \_\_\_\_\_

Recommend Funded Amount \$ \_\_\_\_\_  
(Expenses minus Resources)

Financial Assistance will cover expenses from Month/Year \_\_\_\_\_ To Month/Year: \_\_\_\_\_

Student is Full-Time at \_\_\_\_\_ Credit Hours

Name \_\_\_\_\_  
Financial Aid Officer Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

University / College / Institution (Please Print or Stamp) \_\_\_\_\_ Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please Fax form to (307) 332-9104 or Email form to: [skypeople@northernrapaho.com](mailto:skypeople@northernrapaho.com)**

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