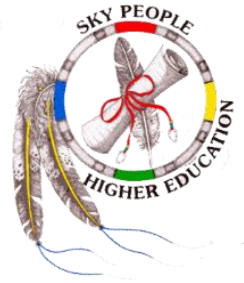


*Sky People Higher Education
Northern Arapaho Tribe
P.O. Box 920, Fort Washakie, WY 82514
1-307-332-5286 or 1-800-815-6795
Fax-307-332-9104, Email- sphe2020@yahoo.com*



**SKY PEOPLE HIGHER EDUCATION PROGRAM
HIGHER EDUCATION SCHOLARSHIPS
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 15TH

NO EXCEPTIONS

THE FOLLOWING IS A CHECKLIST OF REQUIRED ITEMS FOR A COMPLETED APPLICATION.

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
- () **Tuition Payment Agreement and Per Capita Deduction Agreement Forms**
- () **Statement of Privacy**
- () **Semester Grade and Transcript Release Form**
- () **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.
- () **FASFA** 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 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 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)
- () **Final Grade Report At the end of each semester,** the student will submit the Semester's Final Grade Report. **An Official Transcript 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: 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 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 may result in processing delays of this application or be impossible to process at all.

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

Academic Year: Fall/Spring 21/22 or Quarter: Fall/Winter 21/22 or Quarter/Spring 21/22

Name _____ Enrollment No. _____
Last First Middle Other Names Used

Social Security No. _____ Email Address _____

Mailing Address _____

Ph. _____

Date of Birth _____ Sex: F ___ M ___

Tribal Affiliation _____

EDUCATION

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

School Address _____

Graduation/GED/HSEC Date _____

INSTITUTION INFORMATION

Institution Attending _____

Institution Address _____

Academic Year _____

System: Semester _____ Quarter _____

Classification (circle one) Freshman Sophomore Junior Senior

Major _____ Expected Degree _____

Expected Graduation Date _____

Sky People Higher Education Scholarship Recipient Agreement

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 hereby apply to attend the school/training center on this application and agree to follow all rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Sky People Higher Education Office will be so used or repayment will be made to the Sky People Higher Education Program. I understand that if I am eligible for other training funds, this will be included toward the costs of my education or training. I authorize the school to release grade, attendance and income information to the Sky People Higher Education Program personnel.

Applicants Signature _____ Date _____



**SKY PEOPLE HIGHER EDUCATION PROGRAM
TUITION PAYMENT AGREEMENT FOR PELL RECIPIENTS**

I, _____ agree to utilize my Pell Grant funds towards the cost of tuition at the institution I will be attending. I further agree that failure to pay/use the Pell Grant funds to compensate my tuition to the school will justify discontinuance of my funding with the Sky People Higher Education program.

I, _____ agree to be solely financially responsible for my tuition cost as required.

Student Signature

Date

Witness

Date

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.

Witness

Student

Address

Date



SKY PEOPLE HIGHER EDUCATION SCHOLARSHIP

Financial Needs Analysis

Part I

TO BE COMPLETED BY THE STUDENT

1. Name: _____ Social Security Number: _____

Home Address: _____

Street _____ City _____ State _____ Zip Code _____
 Home Telephone: (____) _____ E-Mail address _____

2. Year in College: _____ Major: _____

I have submitted to the Sky People Higher Education Office to be considered for 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

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.

Academic Year: _____ System: Semester ___ Trimester ___ Quarterly ___ Other ___

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

Cost of Attendance:

Tuition _____
 Fees _____
 Books _____
 Room _____
 Board _____
 Travel _____
 Personal _____
 Other _____
 Total _____

Financial Aid:

SEOG _____
 Pell Grant _____
 NDSL _____
 C.W.S. _____
 Scholarship _____
 Employment _____
 Misc. _____
 Voc.Rehab _____
 Total _____

Other Resources:

Parental Contribution _____
 Student Contribution _____
 Spouse Contribution _____
 VA Benefits _____
 Social Security Benefits _____
 Welfare/AFDC _____
 State Grants(SSIG) _____
 State Ind. Scholarships _____
 Total _____

Cost of Attendance \$ _____
 Financial Aid \$ _____
 Other Resources \$ _____

Recommend Funded Amount \$ _____

Name _____

Financial Aid Officer Signature

Date

Telephone

College Address (Please Print or Stamp)

Address

Zip Code