



SKY PEOPLE HIGHER EDUCATION

EDUCATION SCHOLARSHIPS

The scholarship application is submitted for:

(1) Each academic year (2) Semester/Quarter(s) in which the applicant is seeking funding.

SCHOLARSHIP DEADLINES

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 check list of requirements for a complete scholarship application.

ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED FOR FUNDING

- ☐ **Scholarship Application:**
 - Sky People Higher Education Scholarship Application and Sky People Higher Education Scholarship Recipient Agreement
 - Tuition Payment Agreement and Per Capita Deduction Agreement
 - Statement of Privacy
 - Semester Grade and Transcript Release Form
 - **Financial Needs Analysis Form:** *The Financial Needs Analysis is the student's responsibility to send to the institution that the individual plans to attend. The student completes the top portion and the Financial Aid Officer at the institution will complete the bottom portion. The financial aid office will submit the application to Sky People Higher Education.*
- ☐ **FAFSA** must be filled out and the information sent to the institution the student is attending. **A copy of the confirmation e-mail will need to be submitted to the Sky People Higher Education office.**
- ☐ **Certificate of Indian Blood or copy of Tribal ID of enrolled Northern Arapaho** (New Applicants only)
- ☐ **Personal Letter** which includes student's plan of study/major, academic/class status, educational goals, expected date of graduation, and plans after graduation.
***Continuing Students will need to update personal letter annually.**
- ☐ **Acceptance Letter** is to be submitted for:
 - Students who are attending a post-secondary institution for the first time.
 - Students who are transferring
 - Students who did not attend for one or more semesters***Continuing Students who are returning to the same institution will need to submit the registration form from the institution with the semester courses and credit hours listed.**
- ☐ **Official Grade Transcript** (with raised seal/stamp)
 - **Official High School Transcript/High School Equivalency Certificate** (First Time Applicants who are attending a post-secondary institution for the first time)
 - **Official Transcript from University/College/Technical School** most recently attended (First Time Applicants who did not attend for one or more semesters)
- ☐ **Consortium Agreement** (Only if student is taking classes from more than one college)

Financial Need Analysis Information

The information needed to complete the Financial Needs Analysis form is obtained from the *Free Application for Federal Student Aid (FAFSA)*. The application for FAFSA is located at the website fafsa.ed.gov. The Financial Needs Analysis Forms provides financial information about the applicant and is required by our office for all students.

*If you need further assistance -skypeople@northernarapaho.com
1-800-815-6795, 307-332-528*



SKY PEOPLE HIGHER EDUCATION SCHOLARSHIP APPLICATION

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.

PERSONAL			
Name	Last:	First:	Middle Initial:
Date of Birth:	Sex: Male ☐ Female ☐		
Enrollment Number:	Social Security Number:		
Mailing Address:			
City:	State:	Zip Code:	
Physical Address:			
City:	State:	Zip Code:	
Phone:	Email Address:		
EDUCATION			
Type of High School: BIA ☐ Tribal ☐ Private ☐ Public ☐ HSEC(GED) ☐			
School Address:	City:	State:	Zip:
Graduation/HSEC Date:			
INSTITUTION INFORMATION			
Institution Attending:			
Institution Address:			
City:	State:	Zip:	
Academic Year:	System: Semester ☐ Trimester ☐ Quarter ☐		
Requesting Assistance for: Academic Year ☐ Fall Semester ☐ Spring Semester ☐			
Student Classification: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐			
Major:		Expected Degree:	
Expected Graduation Date:			
Received Sky People funding before? YES ☐ NO ☐		If YES, Last Semester Attended:	

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.

Applicant's Signature _____ Date _____



**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. **This release includes authorization for the educational institution(s) for which the applicant seeks funding to release academic performance and progress records.** 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.

Student Signature

Date

Witness Signature

Date



SKY PEOPLE EDUCATION SCHOLARSHIPS
SEMESTER GRADE AND TRANSCRIPT RELEASE FORM

Name: _____ SSN#: _____ DOB: _____

I hereby give my consent and request that an OFFICIAL TRANSCRIPT of my grades (semester or quarterly system) 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 APPLICATION TO:

SKY PEOPLE EDUCATION PROGRAM
NORTHERN ARAPAHO TRIBE
P.O. BOX 920
FORT WASHAKIE, WY 82514



SKY PEOPLE HIGHER EDUCATION SCHOLARSHIP

Financial Needs Analysis

Part I

TO BE COMPLETED BY THE STUDENT

Name:		Social Security Number:	
Mailing Address:			
City:	State:	Zip:	
Phone:		Email:	

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

I give consent for the Institution filling out the Financial Needs Analysis to share any relevant information from my FAFSA with Sky People Higher Education Program.

Signature

Date

Part II

COMPLETED BY THE FINANCIAL AID OFFICE AT INSTITUTION 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 or like form to Sky People Higher Education. Thank you for your assistance.

Academic Year:		System: Semester ☐ Trimester ☐ Quarter ☐ Other ☐			
Budget Period	School Start Date:		School End Date:		
Independent ☐	Dependent ☐	Full-Time ☐	Part-Time ☐	Credit Hours:	
Cost of Attendance		Financial Aid		Other Resources	
Tuition		S.E.O.G		Parental Contribution	
Fees		PELL Grant		Student Contribution	
Books		NDSL		Spouse Contribution	
Room		C.W.S		VA Benefits	
Board		Scholarship		Social Security Benefits	
Travel		Employment		Welfare/AFDC	
Personal		Voc. Rehab.		State Grants(SSIG)	
Other		Other		State Ind. Scholarship.	
Total:		Total:		Total:	

Cost of Attendance: _____

Financial Aid: _____

Other Resources: _____

Recommended Funded Amount: _____

Financial Aid Officer:

Telephone: _____

College: _____

Address: _____

Financial Aid Officer Signature

Date